School Visit Booking Form

St Augustine's Church and Shrine St Augustine's Road Ramsgate CT11 9PA office@augustineshrine.co.uk 01843 606756



Please email your completed form to <u>office@augustineshrine.co.uk</u>. Don't hesitate to call if you have any questions. Confirm by return, that you have met the requirements for group visits and read and understood the 'Terms and Conditions' on the second page.

Name of School			
Address			
Postcode		Telephone number	
School email address			
Leader's name			
Leader's mobile number			
Leader's email address			
Day and date of visit	1st Choice	2 nd Choice	3 rd Choice
Arrival time		Departure time	
Are you planning a preliminary visit?	YES / NO	Day and date of preliminary visit	
Number of pupils		Age/Year of pupils	
Number of adults (Minimum ratio of 1:6 for Yrs 1-3 or 1:10 for Yrs 4-6)			
	Your requ	uirements	
Family Trail required	YES / NO	Handling Objects required	YES / NO
Explorer Bags required	YES / NO	Church Tour required	YES / NO
A attivitus mustamanas	1	2	3
Activity preferences	4	5	
Details of any special arrangements			

Terms and Conditions

- A risk assessment has been/will be completed.
- The ratio of adults to pupils for supervisory purposes is in accordance with guidelines.
- Adults will supervise pupils at all times. Responsibility for the behaviour and safety of the group remains with the teacher or adult in charge.
- A first aider with kit will accompany us on the visit.
- A mobile telephone number will be given on arrival. (Should we need to contact you in the event of an emergency)
- In the event of an injury / accident, dangerous occurrence or suspicious activity we will inform a member of Church staff.

I have read and understood the following terms and conditions:
