'Crossing the Bridges'

Places of Worship visit **Schools' Booking Form**



School				
Contact Name	email	telephone		
Year Group/Age				
Maximum number of pupils Number of accompanying a				
Day, Date & Time of propos Length of visit:	ed visit:			
Curriculum Information:				
What is the main focus for	the visit? (Big question, enquiry	v, concept, theme)		
What would we like the chil	dren to learn from the visit?			















What will pupils do as follow on from the visit? Is a follow up visit from the host desirable? Additional information (e.g. food allergies, special physical or behavioural needs, potential ensitive issues)		the visit?	ay/show the childre	ould we like the host to do/s	Vhat would
dditional information (e.g. food allergies, special physical or behavioural needs, potentia					
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				e issues)	ensitive iss