 

**YPI VISITOR to Charity Checklist**

This must be completed **5 working days** before visit.

House

Team names

Charity

Contact name and number

Address

Date/time

Travel arrangements

|  |  |  |
| --- | --- | --- |
| **Checklist** | **YES** | **NO** |
| Parental consent forms for each pupil attending the visit |  |  |
| Copy to Mrs Campbell in Pastoral Support Base |  |  |
| Date and periods absent for each pupil to office. |  |  |
| Details of travel arrangements |  |  |
| Informed class teachers |  |  |