



# SLEEPING BEAUTY PANTOMIME - STORYHOUSE, CHESTER

TUESDAY 10 DECEMBER 2024

**PLEASE RETURN THIS SHEET TO THE SCHOOL OFFICE BY  
WEDNESDAY 20 NOVEMBER**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

*Please tick:*

- I give permission for my child to attend this event.
- My child is entitled to universal free school meals** – I would like a packed lunch to be provided. I understand there will be only one carton of drink provided.
- My child is entitled to universal free school meals** – I will provide my child with a packed lunch
- I give permission for my child to be photographed at this event.
- I do not want my child photographed at this event.
- My child uses an inhaler and will have it with them at this event. Their name will be clearly labelled on the inhaler. I am aware that my child will not be allowed to attend this event without their inhaler.

Signed: \_\_\_\_\_ *Parent / Carer* Date: \_\_\_\_\_

**PACKED LUNCH ORDER FORM**

**SYCAMORE AND HAZEL CLASS**

**SLEEPING BEAUTY PANTOMIME - STORYHOUSE, CHESTER**

**TUESDAY 10 DECEMBER 2024**

Your child is going on a school trip, you must pre order their packed lunch contents. If this form is not submitted a packed lunch will not be provided.

**Please complete the form below and return it to school  
by the morning of Wednesday 20 November 2024**

*Pupil Name:* \_\_\_\_\_

*Pupil Class:* \_\_\_\_\_

*Ordered by:* \_\_\_\_\_ *(Parent/Carer)*

Sandwich option (Please choose one choice)	
Ham Sandwich on 50/50 Bread	
Cheese Sandwich on 50/50 Bread	

**Packed Lunch will also include:**

- Crisps
- A sweet treat
- Whole fruit
- A bottle of water

**The head of kitchen will ensure that any allergies/dietary requirements are catered for using the information that has been provided to Gobowen School by parents/carers.**