



This signing out form **MUST** be completed for all outgoing trips/educational visits/college visits etc. This form must be completed and returned to Reception before you leave for your visit. Failure to do so may be in breach of the schools Safeguarding Policy.

Member(s) of Staff on Visit:				Class:			
Date:		/ /		Time:		:	
				Estimated Time of Return:		:	
Destination:							
Pupil Name		Time Out	Will they be returned to school?		Staff Initials Out	Time In	Staff Initials In
1.		:	Yes	No		:	
2.		:	Yes	No		:	
3.		:	Yes	No		:	
4.		:	Yes	No		:	
5.		:	Yes	No		:	
6.		:	Yes	No		:	
7.		:	Yes	No		:	
8.		:	Yes	No		:	
9.		:	Yes	No		:	
10.		:	Yes	No		:	
11.		:	Yes	No		:	
12.		:	Yes	No		:	
13.		:	Yes	No		:	
14.		:	Yes	No		:	
15.		:	Yes	No		:	
16.		:	Yes	No		:	
17.		:	Yes	No		:	
18.		:	Yes	No		:	
19.		:	Yes	No		:	
20.		:	Yes	No		:	
Total Number of Students:							
TO BE COMPLETED BEFORE YOU LEAVE		By signing these declarations, you agree to the below statements. If not applicable to your visit, please write N/A in the provided box.					
<i>I have First Aid/Meds collected for Relevant Students if necessary:</i>		Sign:			Date:		
<i>I have downloaded the Visit paperwork and signed the Visit Declaration Signed:</i>		Sign:			Date:		
<i>I have collected the lunches for this visit if applicable:</i>		Sign:			Date:		