



17<sup>th</sup> September 2019

## Visit to Lichfield Library

On Monday 30<sup>th</sup> September children in Birch and Oak class will be visiting Lichfield Library.

**9.30-10.30 Birch Class**

**10.45–11.45 Oak Class**

The visits will not affect lunchtime arrangements.

Please ensure children wear full school uniform and have a waterproof coat just in case of bad weather, as we will be walking to and from the library. Children will require a water bottle with them and you may wish to send in a small snack for them to eat during the morning.

As part of the visit children will have the opportunity to join the library (if they are not already a member) and borrow a book.

Please complete the visit consent slip below and library joining form overleaf and return by 25<sup>th</sup> September 2019.

Yours sincerely

Mrs Taylor/Mrs Parrish & Mrs Miles  
Class Teachers

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### **Visit to Lichfield Library**

I give my permission for \_\_\_\_\_ in \_\_\_\_\_ Class to

visit Lichfield Library on Monday 30<sup>th</sup> September 2019.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Friday Acre, Lichfield, Staffordshire, WS13 7HJ**  
**T: 01543 421850 E: [office@chadsmead.staffs.sch.uk](mailto:office@chadsmead.staffs.sch.uk)**





## Class Visit Library Joining Form

### Dear Parent/Carer

As part of your child's visit to the library they will be choosing and borrowing a book. Please indicate below if your child is already a member or needs to join. Joining Staffordshire Libraries is free for all & children pay no overdue fees up to the age of 16.

|                       |
|-----------------------|
| Child's School        |
| Child's Class         |
| Child's Title         |
| Child's Forenames     |
| Child's Surname       |
| Child's Home Library  |
| Child's Date of Birth |
| Child's Address       |
| Postcode              |
| Telephone             |
| Mobile                |
| E-mail address        |

My child is already a member of Staffordshire Libraries    Yes/No

If yes, do they need a new card?    Yes/No

I give permission for my child to join Staffordshire Libraries. I understand that the details I provide will only be used for the provision of this service and will not be shared with a Third Party.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

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