

WSA Movie Night 17TH October 2025

Parent / Guardian Consent and Declaration Form

Entry will only be permitted on receipt of this completed consent and declaration form.

We MUST receive them by 10am on 14th October 2025

Please note the details of the film (U/PG rated). By registering your child, you have consented to them viewing the film and that the film is suitable for your child.

Pupils are expected to behave according to the school's behaviour policy, failure to do so may result in parents being called to collect children early, and a ban from the next event.

FILM BOOKED	TAD (U) * / WALLACE AND GROMIT (PG) *
CHILD NAME (1 child per form)	Name: Year:
DOES YOUR CHILD SUFFER FROM AN ALLERGY THAT YOU FEEL WE SHOULD BE AWARE OF ?	YES* / NO* Details: Medication:
SNACK - DIETARY REQUIREMENT	NONE * / VEGETARIAN* / VEGAN* / GLUTEN FREE* / OTHER -
PERSON COLLECTING CHILD:	1.Name: 2.Name:
EMERGENCY CONTACT DETAILS FOR THE EVENING:	1.Name: Contact Number: 2.Name: Contact Number:
I HAVE WATCHED THE TRAILER FOR THIS FILM WITH MY CHILD AND DEEM IT APPROPRIATE (U/PG rating)	YES* / NO*
I HAVE DISCUSSED THE BEHAVIOUR EXPECTATIONS WITH MY CHILD	YES* / NO*

I consent for the child named above to attend this event, confirm information to be accurate and authorise for the information provided to be used as necessary by the WSA.

PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD:

PARENT/GUARDIAN SIGNATURE:

(*delete as appropriate)