Cromer Parish Church: Visit Planning

School / Organisation name:
Head of School / Organisation:
School / Organisation address:
School / Organisation phone:
School / Organisation email:
Contact name for this visit:
Contact mobile number for this visit:
Contact email:
Contact role:
Have you visited before? (delete as necessary)
No / Yes
Visit type: please state either 'guided tour' or 'other' (giving further details, if 'other')
Main purpose of visit:
Proposed date:
Proposed time:

Alternate date: Alternate time: How many under 18s in the group?										
						Wha	t ages are in the group? (ple	ease indicate all that apply)	••••	
							Age 5 (Year R)]	Age 12 (Year 7)
	Age 6 (Year 1)]	Age 13 (Year 8)						
	Age 7 (Year 2)]	Age 14 (Year 9)						
	Age 8 (Year 3)]	Age 15 (Year 10)						
	Age 9 (Year 4)]	Age 16 (Year 11)						
	Age 10 (Year 5)]	Age 17 (Year 12)						
	Age 11 (Year 6)]	Age 18 (Year 13)						
Num	ber of adults:									
Will	the group need to be split?	(delete as necessary)	••••							
No /	′ Yes									
If yes, give details of split: (please state how many groups, size of groups & how many adults with each group)										
(dele		he group have specific learnir		or access needs that we should be aware of?						
Any further information that would help us with arranging your visit:										

Please email your completed form to Anne Cottingham at: schoolvisits@cromer-church.org.uk