## 'Crossing the Bridges'

**Places of Worship visit Schools' Booking Form** 



School		
Contact Name	email	telephone
Year Group/Age		
Maximum number of pupils: Number of accompanying adults:		
Day, Date & Time of proposed visit: Length of visit:		
Curriculum Information:	81	
What is the main focus for the visit?	(Big question, enquiry, conce	ept, tneme)
What would we like the children to le	earn from the visit?	















What would we like the host to do/say/show the children	during the visit?
What will pupils do as follow on from the visit? Is a follo	w up visit from the host desirable?
Additional information (e.g. food allergies, special physi sensitive issues)	cal or behavioural needs, potentially
Selisitive issues)	
	All Maries