## LEIGHTON HOUSE MUSEUM

# **EDUCATIONAL VISIT BOOKING FORM**

SCHOOL/COLI	LEGE NAME				
SCHOOL/COLI	LEGE ADDRESS_				
		BOROUGH/LEA			
TELEPHONE		E-MAIL			
		R VISIT			
	<b>LEGE TYPE</b> (Pl				
	□Junior				
☐Special (primary)		☐Special (secondary)		☐FE college	
☐Sixth form college		University		☐Language school	
<b>B</b> □State	State □Independent □Grant-maintained				
Is your group a s	special needs class	within an inclus	ive school? Ye	es/No	
	DATE OF VISIT_ ouse Museum is clos				
	CT A TIME 1				
NO. OF PUPILS	S VISITING	_ KEY STAGE	ZYEAR	OF GROUP	
NO OF STUDE	NTS/PUPILS WIT	H SEN			
	IERS VISITING_ uire a minimum of or			ELPERS VISITING	
Which of the fol	lowing activities w	ould you like to	book? Please	circle	
A) COSTUMEI	D ACTRESS LED	SESSION WI	TH HANDLI	NG ACTIVITIES	

# **B) STORY-TELLING SESSIONS**



#### LEIGHTON HOUSE MUSEUM

FEES: Entrance to the museum and booked activities are £2 per pupil. Teachers and adult helpers are free of charge.

## **RETURNING YOUR FORM**

By post: Leighton House Museum, 12 Holland Park Road, W14 8LZ

E-mail: museums@rbkc.gov.uk

Confirmation: Bookings are required four weeks in advance of your visit.

We will confirm your booking within 3 working days.

