

September 2017

Dear Parent

**Visit to Cambridge Theatre – Drama Club Years 8 and 9**

I am writing to inform you about a school visit to Cambridge Theatre on Wednesday 27th September. The aim of this visit is to watch Matilda and experience live theatre.

Students will leave the school on Wednesday 27th September 2017 at 11.15am and will travel by train to and from the theatre, returning to school at 6.30pm. Students will be required to wear school uniform including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip, however refreshments will be available to purchase at the theatre.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

The cost of this trip is £5. If you would like your child to participate in this trip, please pay the non-refundable cost of £5 before Wednesday 20th September. Please note that by paying the non-refundable deposit, you are agreeing for your child to attend this trip.

Please note that the visit will only take place if we have a sufficient number of students and confirmed payments for the trip to go ahead. If the trip is cancelled, payments will be fully refunded.

In order to remove all cash and cheques from the school, parents are asked to use ParentPay to pay for this trip. If you are unable to pay online, please contact the school office, who will provide a barcode letter to enable payment at a PayPoint, which is linked to your ParentPay account. If your child receives free school meals and payment should present a problem, please contact the Trip Co-ordinator.

By consenting on ParentPay, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**A Moore**

**Drama / Literacy Co-ordinator**



**EMERGENCY CONSENT FORM**

**VISIT TO CAMBRIDGE THEATRE**

Please return to Miss Moore by Wednesday 20th September 2017

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
|  |  | | |
|  | | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.