November 2016

Dear Parent

Royal Shakespeare Company, Stratford Upon Avon

I would like to offer your son/daughter the opportunity to join a school trip to Royal Shakespeare Company, Stratford Upon Avon from 17th to 20th January 2017. Your son/daughter will have the opportunity to work backstage at the RSC for four days, developing the production of 'The Tempest'.

We will be travelling by minibus, leaving the school at 7am on Tuesday 17th January and returning at approximately 7pm on Friday 20th January 2017. We will be staying at the Youth Hostel in Stratford Upon Avon. Please find enclosed an information leaflet from the Royal Shakespeare Company regarding the visit

There is no cost for this trip however there are a limited number of places available, which will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible. Please do not hesitate to contact me at the school on 01895 234 060 if you require further details.

Yours sincerely

A Walker
Curriculum Leader - Drama

UXBRIDGE HIGH SCHOOL

UXBRIDGE HIGH SCHOOL TRIP TO ROYAL SHAKESPEARE COMPANY
17th – 20th JANUARY 2017

Please return to **A Walker by Monday 5th December 2016**

I wish for my child to be considered for a place on the visit to Stratford Upon Avon on 17th – 20th January 2017.

Full name of student:_____

Form group of student _____

Date of birth_____ Age on 17/01/17_____

Home address_____

_____

Home telephone number _____

Daytime contact number_____

Mobile number_____

I give my permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

Any special medical or dietary requirements _____

_____

If your child suffers from Asthma please ensure that the appropriate medication is provided. If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.

PLEASE GIVE AN ALTERNATIVE EMERGENCY CONTACT:

*Name:*_____

*Contact telephone number(s)):*_____

PARENT SIGNATURE_____

PRINT NAME:_____Dated: _____