November 2017

Dear Parent

**Visit to St Saviours Church, Knightsbridge – Year 10**

I am writing to inform you about a school visit to St Saviours Church, Knightsbridgeon Thursday 16th November. The aim of this visit is to see a performance for a practice live theatre evaluation.

Students will meet at school at 5pm on Thursday 16th November and travel by coach to and from St Saviours Church, returning to school at 11pm. Students will be required to wear smart clothing, including shoes (no trainers or jeans allowed). A small amount of money may be required should students wish to purchase refreshments at the venue**.**

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 £12.00. If you would like your child to participate in this trip, please pay the non-refundable cost of £12.00 before Friday 3rd November. 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 Walker**

**Head of Visual and Performing Arts**



**EMERGENCY CONSENT FORM**

**VISIT TO ST SAVIOURS CHURCH**

Please return to A Walker by Friday 3rd November 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.