

**September 2017**

Dear Parent

**Visit to National Theatre – Year 11**

I am writing to inform you about a school visit to National Theatre, Londonon Tuesday 3rd October. The aim of this visit is see a live production for students’ component 3 exam.

Students will leave the school at 11am on Tuesday 3rd October and travel by train to and from the National Theatre, returning to Uxbridge Tube station at approximately 5pm, where they will be dismissed. Students will be required to wear school uniformincluding shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip. Students are permitted to bring a small amount of money should they 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. If you would like your child to participate in this trip, please pay the non-refundable cost of £12 before 22nd 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 Walker**

**Head of Visual and Performing Arts**



**EMERGENCY CONSENT FORM**

**VISIT TO NATIONAL THEATRE**

Please return to Ms Walker by Friday 22nd September 2017

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| --- | --- | --- | --- |
| **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.