



Rf/Cc
12th September 2019

Dear Parent / Carer

Re: GCSE Drama Trip – Peter Pan Goes Wrong

Watching live professional theatre is an essential part of the GCSE Drama course. It is expected that students experience a range of genres of theatre throughout their GCSE course to develop their knowledge and understanding of how theatre is made and performed.

I have secured tickets to see Peter Pan Goes Wrong at the Cambridge Arts Theatre in Cambridge. The trip will take place on **Wednesday 13th November 2019**. We will leave the academy at 12:40 p.m. arriving in Cambridge in time for the 2:30 p.m. matinee performance. We aim to arrive back at the academy for approximately 6:30 p.m.

In order to finance this trip we are asking for a contribution of £38. This will cover insurance, travel and ticket costs.

Please ensure that your child brings enough food and snacks and drinks for the duration of the day and early evening. Once we arrive in Cambridge we will eat lunch before going to the theatre. A bottle of water that your child can keep on them at all times is recommended. If you are in receipt of Free School Meals and would like the academy to provide a packed lunch, please indicate this on the form. Your child may wish to purchase a programme about the performance at the theatre and I would suggest that £6 to allow for this.

If you would like your child to attend, please complete the attached forms and return them to the Finance Office. The academy accepts payments by debit or credit card via our website, www.mildenhall.attrust.org.uk using SCOPay or the SCOPay app.

Details on how to use this service can be found under “online payments” on the parents’ tab. First time users are required to enter a “Link Code” which can be obtained from Mrs Tuffs in the Finance Office. The reply slip must be in an envelope marked Cambridge Matinee with your child’s name, tutor group **and returned to the Finance Office no later than Friday 27th September 2019.**

Yours sincerely

Miss R Finbow

Miss R Finbow

Subject Lead of Drama

Encs

Please return to: Finance Office by Friday 27th September 2019

Ref: T236

Re: GCSE Drama Trip – Peter Pan Goes Wrong

Date: Wednesday 13th November 2019

Student's Name:..... **Tutor Group:**.....

I give permission for the above student to attend the Cambridge Arts Theatre. I understand that if I withdraw from this trip I may not get a full refund.

I have paid £..... using Scopay and my reference number is

Free School Meal required? Yes / No (please delete as appropriate)

Signed.....**Parent/Carer**

Dated.....

(£38)



Mildenhall College Academy- EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Cambridge Arts Theatre

DATE(S) OF VISIT(S): Wednesday 13th November 2019

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academys' governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

