



Rg/Cc
10th December 2019

Dear Parent/Carer

Re: Culture Trip to 'Les Miserables'
Wednesday 12th February 2020

As part of the academy's ongoing commitment to promoting social, moral, spiritual and cultural awareness I would like to invite your child to see a production of 'Les Miserables' at the Sondheim Theatre London. This trip is being heavily subsidised by the academy.

We will leave the academy at 11.00 a.m. and arrive in time to see the matinee performance at 2.30 p.m. Students will need to bring a packed lunch, bottle of water and a small amount of spending money should they wish to buy souvenirs. If your child is entitled to a free school meal, then please indicate at the bottom of this form if you would like the academy to provide them with a free packed lunch. We aim to arrive back at Mildenhall College Academy for approximately 8.30 p.m. dependent on traffic. Students are expected to wear full academy uniform for this trip.

In order to finance this trip, we are asking for a contribution of £25. This represents good value and it will give students the opportunity to watch a first-class professional performance in England's theatre capital. This price covers ticket costs, travel and insurance. Whilst this trip is only *open to selected Year 9 students there are a limited number of tickets available*. **There are 28 places available for students**. I am anticipating a high-level of interest on this trip and in order to keep things as fair as possible places will be allocated on a '*first come first served basis*' from 10:20 a.m. on Friday 10th of January 2020 and will close on Thursday 16th of January 2020 or as the places are filled, whichever is sooner. I do understand this may cause some disappointment and therefore a first served system is the best way to ensure an equal chance for all students.

The academy's preferred method of payment is by debit or credit card via our website, www.mildenhall.attrust.org.uk using SCOPAY. Details on how to use this service are found under "online payments" on the parent's tab. First time users are required to enter "Link code", which can be obtained from Mrs Tuffs in the Finance Office. The return slip still needs to be handed to the academy's Finance Office to confirm your place. You can also pay by cash or cheque which should be handed into the Finance Office along with the return slip. This must be in an envelope marked with your child's name, tutor group and either the trip name or the subject sale (please make cheques payable to "Mildenhall College Academy").

Yours sincerely

Mr R Goodenough

Mr R Goodenough
Vice Principal

Encs

Please return to: Finance Office Thursday 16th of January 2020

Ref: LES200212

Re: Les Miserables

Dates: Wednesday 12th February 2020

Student Name:..... **Tutor Group:**.....

I give permission for the above named student to attend the trip to Les Miserables. I understand that if I withdraw my child from the trip, I may not get a full refund.

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

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

or

I enclose cash / cheque £.....

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

(£25)



NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Sondheim Theatre, London.

DATE(S) OF VISIT(S): Wednesday 12th February 2020

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 academy's governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. 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

Alternative Contact if required

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel: _____

Tel: _____

Tel: _____

Tel: _____

2. 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.

