



1st November 2019
Kro/Cc

Dear Parent/Carer

Re: Trip to see *Macbeth*: Shakespeare's Globe Theatre, London
Thursday 5th March 2020

We have arranged a theatre trip for a group of students to see William Shakespeare's *Macbeth* at Shakespeare's Globe, London. The trip will be particularly useful for Year 10 and 11 students of English Literature as it is an opportunity to see a GCSE play text in performance.

We will leave the academy at approximately 11:25 a.m. arriving in London in time for the 2:00 p.m. matinee performance. After the performance, we will board the coach and arrive back at the academy at approximately 6:00 p.m. Students must be in academy uniform on the day.

Students should bring enough food and drink for the duration of the trip. We will eat lunch before entering the theatre. If your child is entitled to free school meals and would like the academy to provide a packed lunch, please indicated on the permission form.

The cost of this trip is £36. This represents good value as it will give the students the opportunity to watch a first-class professional performance in Shakespeare's Globe Theatre, so this covers ticket costs, travel and insurance. There are 48 tickets available for students. I am anticipating a high-level interest in this trip so in order to keep things as fair as possible ***places will be allocated on a 'first come first served basis' from Monday 11th November 2019 and will close Friday 15th November 2019.*** 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.

If your child would like to attend this trip, please pass payment together with the slip and consent form to the academy finance office in a sealed envelope with your son/daughter's name on it. Cheques should be made payable to Mildenhall College Academy. 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 15th November 2019.**

If you have any questions about the trip please contact us.

Yours sincerely

Miss K Robson

Miss K Robson
English Faculty

Encs

Please return to: Finance Office on or before Friday 15th November 2019. **Ref:** MAC200305

Re: Trip to see *Macbeth*: Shakespeare's Globe Theatre

Date: Thursday 5th March 2020

Student's Name:.....

Tutor Group:.....

I give permission for the above named student to attend the Macbeth play and I understand that if I withdraw them 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 for the sum of £.....

Signed.....

Parent/Carer

Dated.....

(£36.00)



Mildenhall College Academy- EDUCATIONAL VISITS

PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Macbeth: Shakespeare's Globe Theatre, London

DATE(S) OF VISIT(S): Thursday 5th March 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 academys' 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: _____

Tel: _____

Tel: _____

Post Code: _____

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.
