



15<sup>th</sup> November 2019

Dear Parent/Carer

### Phantom of the Opera Trip

As part of your child's **GCSE and A Level** course he/she is required to produce compositions, performances and analysis of Musical Theatre. In order to enhance their understanding for this we have arranged a trip to **'Her Majesty's Theatre' London on Thursday 12<sup>th</sup> December.**

The students will leave the Academy at 9.30 a.m on a private hire coach. On reaching London they will have some time in Covent Garden to buy / eat lunch before we walk together to the Theatre. The performance will end at 5.00 p.m and we will leave London by coach no later than 5.30 p.m to hopefully arrive back at MCA, Bury Road for 7.30 p.m. Students should bring food and a bottle of water with them for the homeward journey and a packed lunch if required. If your child is entitled to a free school meal and would like a packed lunch provided, please indicate this on the reply slip.

In order to finance the trip, we are asking parents/carers for a contribution of **£60**. This will cover **ticket price, insurance and transport costs**. There are 30 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. *Tuesday 26<sup>th</sup> November 2019* and will close on *Friday 29<sup>th</sup> November 2019* or as the places are filled, whichever is sooner. Once the places are filled the trip will not show as an option on SCOpay. 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 [www.scopay.com](http://www.scopay.com) or the SCOpay app. Details on how to use this service are found under "online payments" on the parent's tab of the academy's website. First time users are required to enter "Link code", which can be obtained from Mrs Tuffs in the Finance Office. It is recommended that you register for SCOpay before *Tuesday 26<sup>th</sup> November 2019* 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 at Bury Road 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

**Mrs Jane Sayer**  
**Faculty Leader Music and Drama**

**Please return to:** Finance Office Bury Road or Student Reception, MCA6 on or before *Friday 29<sup>th</sup> November 2019*

**Re: Phantom of the Opera Trip**

**Dates: 12<sup>th</sup> December 2019 Ref: PHA191212**

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

I give permission for the above named student to attend the trip to **Phantom of the Opera** and I understand that if I withdraw them from the trip, I may not get a full refund.

I enclose cash/cheque for £.....

or

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

My child is entitled to a free school meal and would like to be provided with a packed lunch. Yes / No

Signed.....Parent/Carer

Dated.....

(£60)



**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Mildenhall College Academy

**VISIT(S) TO:** Her Majesty's Theatre' London

**DATE(S) OF VISIT(S):** Thursday 12<sup>th</sup> December 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 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.

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