



Rf/Cc  
September 2019

Dear Parent / Carer

**Re: Year 7 and 8 Drama Trip – Peter Pan Pantomime**

I have secured tickets to see the pantomime of Peter Pan at the Theatre Royal in Bury St Edmunds. The trip will take place on **Monday 16<sup>th</sup> December 2019**. We will depart the academy at 12:40 p.m. arriving in Bury St Edmunds in time for the 2:00 p.m. matinee performance. After the performance we will board the coach and will arrive back at the academy for approximately 6:00 p.m.

Please ensure that your child brings enough food and drink for the duration of the day. We will eat lunch before entering the theatre. A bottle of water that your child can keep on them at all times is recommended. If your child is entitled to Free School Meals and would like the academy to provide a packed lunch, please indicate this on the attached form.

In order to finance this trip, we are asking for a contribution of £17. This will cover insurance, travel and ticket costs. There are **37 tickets** available for students. I am anticipating a high level of 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 23<sup>rd</sup> September 2019**. Unfortunately, due to the small size of the theatre I am unable to offer any additional places. I do understand that this may cause disappointment. A first come first served system is the best way to ensure an equal chance for each student.

If you would like your child to attend, I would be grateful if you would complete the attached forms and return to the Finance Office. The academy accepts payments by debit or credit card via our website, [www.mildenhall.attrust.org.uk](http://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 'BSE Pantomime', with your child's name and tutor group. **Please return it to the Finance Office by Friday 4<sup>th</sup> October 2019.**

Yours sincerely

*Miss R Finbow*

Miss R Finbow

**Subject Lead Drama**

Encs

**Please return to:** Finance Office from **Monday 23<sup>rd</sup> September 2019**

**Ref:** T237

**Re:** Year 7 and 8 Drama Trip – Peter Pan Pantomime

**Date:** Monday 16<sup>th</sup> December 2019

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

I give permission for the above student to attend the Theatre Royal in Bury St Edmunds. 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**.....

(£17)



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

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Mildenhall College Academy

**VISIT(S) TO:** Theatre Royal in Bury St Edmunds

**DATE(S) OF VISIT(S):** Monday 16<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 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**

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_