



Kro/Cc
8th November 2019

Dear Parent / Carer

Re: Trip to see Matilda musical
Cambridge Theatre, London, Wednesday 29th January 2020

We have arranged a theatre trip for a group of students to see *Matilda: The Musical* at Cambridge Theatre, London. This is a fantastic opportunity to see an engaging novel adapted for the stage and is open to students in Year 7 and 8.

We will leave the academy at approximately 11.25 a.m. arriving in London in time for the 2:00 p.m. matinee performance. We will arrive back at the academy for approximately 7:00 p.m. Students must wear full academy uniform.

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 indicate this on the form attached.

In order to finance this trip, we are asking for a contribution of £41. 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. **There are 50 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 29th November 2019 and will close on Wednesday 4th December 2019 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.

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 also accepts payments by debit or credit card via our website, www.mildenhall.atrust.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 'Matilda Musical' with your child's name, tutor group **and returned to the Finance Office by Wednesday 4th December 2019.**

If you have any questions about the trip please do not hesitate to contact me.

Yours sincerely

Miss K Robson

Miss K Robson
English Faculty

Encs

Please return to: Finance Office on or before **Wednesday 4th December 2019.**

Ref: MTD200129

Re: Matilda Matinee

Date: Wednesday 29th January 2020

Student's Name:.....

Tutor Group:.....

I give permission for the above named student to attend the Matilda Matinee 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 £41 using Scopay and my reference number is

or

I enclose cash / cheque

Signed.....

Parent/Carer

Dated.....

(£41)



NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: Cambridge Theatre, London

DATE(S) OF VISIT(S): Wednesday 29th January 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.

