

Dear Parents

To tie in with our topic of fairy tales after half term, we are planning to take the Year 2 children to see the Panto "The Wizard of Oz" at the Alexandra Theatre on Wednesday 11th December. We hope you have not already booked to see this at Christmas time but if you have already, and you do not want your child to watch the performance twice, then please do let us know. The performance starts at 09:30 am and the children will be back to school in time for lunch as normal. To save on coach costs we would like you to drop your child off at the Theatre at 9:10am. The performance lasts for approximately two and a half hours and we will be travelling back to school on a coach in time for lunch. We will have drinks and snacks during the interval - **please provide your child with a piece of fruit, a 'nourishing' snack (eg, a cereal bar) and a small carton of juice.**

The total cost of this trip is £13 which includes the £11.00 ticket price, the coaches and insurance. We do appreciate that this is a lot of money and are therefore giving you plenty of notice so that you may pay in instalments if it would help. If you would like to do this, please complete the slip below.

We appreciate that some families might find it particularly difficult to contribute all or part of the suggested sum, and if you feel that you are in such a position, please do not hesitate to contact Mrs Dreckmann in confidence to discuss whether some suitable arrangements can be made to reduce or cover the cost of your child's participation. Although the contribution is voluntary, we do need to point out that the school could not bear any of the cost of these visits without reducing its ability to provide the books and materials that are essential for its curricular needs and it is therefore probable that the visits could not take place unless all parents, who are able, are willing to contribute. We also need to stress that if a family was unable to contribute, and the trip were still to proceed, no child within the year group for whom the trip is intended will be disadvantaged and left out of the activity.

The children will need to wear school uniform, with a warm waterproof coat please.
Please sign the attached consent form and return as soon as possible.

Mrs Sugden, Mrs Lloyd, Mrs Tilling & Miss Miles

ALEXANDRA THEATRE TRIP TO SEE 'THE WIZARD OF OZ'

Child's Name Class

*I enclose the consent form and £13.00 for the Panto Trip.

*I enclose the consent form and £5.00 now, £4.00 by 25th October and will pay the balance of £4.00 by Friday 15th November

*please delete one statement

Signed

PARENTAL CONSENT FORM



A journey to**Alexandra Theatre**

On**Wednesday 11th December 2019**

I wish my son/daughter **(Full name)**
to be allowed to take part in the above-mentioned school journey and, having read the information sheet,
agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the
group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of
the young people, unless they are negligent they cannot be held responsible for any loss, damage or
injury suffered by my son, daughter arising during or out of the journey.

*(Note: School Journey Insurance is automatically arranged with Chartis Insurance, through West Sussex
County Council, for participating establishments.)*

Please advise the establishment of any changes to the medical information already provided. Delete or
complete the following as appropriate.

My child has no illness, allergy or physical disability*
the following illness, allergy or physical disability *

.....

.....

* Cross out which does not apply

Date of Birth / /

Name of own Doctor:

Doctor's Address:

Doctor's Telephone Number:

which necessitates the following medical treatment:.....

.....

I consent to any emergency medical treatment necessary during the course of the visit.

Signed

Date

Parent/Guardian

Address:

HOME

WORK

.....

.....

Telephone No. HOME

WORK

Mobile No.....

Email

If not available at the above, please state an alternative contact:

Name: (relationship).....

Telephone No:

Mobile No:

NOTE: Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for
normal publicity purposes including publication on the establishment's website please tick box:

☐

*(All personal information will be processed in accordance with the provisions of the General Data Protection
Regulation May 2018)*