



25<sup>th</sup> September 2018

Dear Parent/Carer

**RE: Pantomime Trip Tuesday 11<sup>th</sup> December 2018**

Your child has been invited on a trip to the Theatre Royal, Nottingham to see the pantomime *Peter Pan* on Tuesday 11<sup>th</sup> December 2018. The trip is open to pupils in Years 7 and 8 who receive support from the Inclusion Faculty (e.g. ASDAN, nurture, and base).

We will be travelling by public transport, leaving school at approximately 12.20pm and returning at approximately 4.00pm. Exact times will be confirmed nearer the time. Pupils will require a packed lunch for this trip; if your child receives free school meals, the Academy will provide a packed lunch upon request. They can also bring a small snack or a small amount of money to buy a snack at the theatre. Pupils will attend lessons as normal in the morning and are therefore required to wear school uniform.

The total cost of the trip is **£15.50**, which includes transport to and from Nottingham City Centre, and the theatre entrance fee. Staff from the Inclusion Faculty will be accompanying your child on the trip and pupils are expected to stay with staff at all times.

If you would like your child to participate in this visit please make payment in full of £15.50 **by Monday 8<sup>th</sup> October 2018**, via your online payment account at [www.scopay.com/arnoldhillacademy](http://www.scopay.com/arnoldhillacademy). Please also complete and return the parental consent form below by Monday 8<sup>th</sup> October 2018.

Places on this trip are limited. Should the visit be oversubscribed, places will be offered on a random basis from the pupils who have returned their consent forms and paid in full by the deadline. If your child is not successful in securing a place on the trip through the random selection, they will be offered the opportunity to be placed on a reserve list. We appreciate that this may result in disappointment but we are limited by staffing constraints, costs to parents, venue capacity and external factors outside of our control.

A place on this trip can only be reserved once payment has been made, **and** a parental consent form completed and returned.

We reserve the right to exclude from the trip, at any point, any pupil whose behaviour gives us cause for concern. Any monies paid may be non-refundable should your child withdraw or be removed from the trip.

If you have any questions about this trip, please contact Miss Eyre or Mrs Scott.

Yours faithfully

*Kim Eyre*

Learning Support Assistant

[kim.eyre@arnoldhillacademy.co.uk](mailto:kim.eyre@arnoldhillacademy.co.uk)



Received/Checked by D Campion

## CONFIDENTIAL PARENTAL CONSENT FORM

<b>Student name</b>	
<b>Tutor group</b>	
<b>Consent for participation in the visit to</b>	<b>Peter Pan at Theatre Royal, Nottingham</b>
<b>Travel date(s)</b>	<b>Tuesday 11<sup>th</sup> December 2018</b>
<b>Planned transport arrangements</b>	<b>Public transport - bus</b>
<b>Visit Leader</b>	<b>Kim Eyre</b>

**MEDICAL INFORMATION**

Has been checked by parent on Parent View

**CONTACT DETAILS**

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email [SLG@arnoldhillacademy.co.uk](mailto:SLG@arnoldhillacademy.co.uk)

**TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW**

**CONTACT DETAILS TO BE USED FOR THIS TRIP**

<b>Name</b>		<b>Telephone No</b>	
		<b>Email address</b>	
<b>Name</b>		<b>Telephone No</b>	
		<b>Email address</b>	

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

I **agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

**By completing and returning this consent form, I agree to make payment in full by the deadline(s) stated in the letter. I understand that any monies paid may be non-refundable should my child withdraw or be removed from the trip**

**Signature of Parent**

<b>Signed</b>		<b>Date</b>	
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**Please return this form to the Trips mailbox situated in PSU, B Block FAO Deb Campion by Monday 8<sup>th</sup> October 2018**