



St Thomas More Catholic Voluntary Academy, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: D Redfern

19th November 2021

Drama GCSE Students: Manchester Opera House, Thursday 10th March 2022

Dear Students, Parents & Carers,

Component 3 of the GCSE course requires the students to analyse and evaluate a live theatre performance as part of the written paper. I have provisionally booked tickets for the 'Curious incident of the dog in the night time', which will take place on Thursday 10th March at 2.30pm at the Opera House, Manchester.

The cost of the trip will be £42 and will include both ticket and coach travel costs.

In order to secure the tickets payment will be required as soon as possible. Please complete the attached consent form and return to the school office. I will write to you in the new year with further details.

Many thanks,


Ann Hawkswood
Drama Lead

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we must receive this completed consent form at least 3 school days prior to the date of the trip. NB. Your child will not be allowed to play if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/ daughter to take part in trip to Manchester Opera House.

I acknowledge the need for my child to behave responsibly.

I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No

[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Contact telephone numbers:

Work/mobile _____ Home _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.st-thomasmore.derbyshire.sch.uk, paper copies are available upon request.)

Signed _____ Date returned _____

Full name (capitals): _____