



St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

15th May 2018

Dear Parent/Guardian,

Yours son/daughter will have their Y11 GCSE English literature mock exam in December 2018.

In order to help students to revise one of their set texts, 'A Christmas Carol', I have booked tickets to see an evening performance at the Buxton Opera House on Wednesday 21st November.

There are a limited number of tickets, so they will be sold on a first come first served basis. In view of the fact that there are no travel costs involved we are able to offer tickets for a reduced student price of £11. Students can wear their own clothes and will be supervised by staff at the theatre. These tickets will also be made available to students in Y9, so it is advisable to pay on parent pay as soon as possible to secure a place.

I hope that you will able to support the school in offering this experience to your son/daughter.

Please complete the attached slip and return it by Friday 25th May.

Thank you,

Yours faithfully,

S Clifford

Head of English

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 on the trip if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/ daughter to attend 'A Christmas Carol' performance at Buxton Opera House on Wednesday 21st November 2018.

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): _____