



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

Dear Parent/Guardian

I am writing to inform you of a trip to see 'The Curious Incident of the Dog in the Night Time' at the Lowry theatre in Salford on Monday 23rd January 2017. This is a National Theatre adaptation of the book by Mark Haddon which explores the world as seen through the eyes of fifteen year old Christopher. It is an engaging production that uses an intriguing set to bring to life Christopher's journey.

The trip is open to anyone in years 9 & 10, particularly those who have opted for, or are considering taking, GCSE drama as this play is one of the set texts and is worth approximately 40% of the final marks.

The total cost of the tickets is £32 which includes the hiring of the coach to and from the theatre. The coach will leave school at 5.45pm and will return at approximately 10.30p.m.

Please complete the attached consent form, indicating that you wish your son/daughter to attend, no later than **20th October**. The tickets are limited, so an early response is advisable.

Thank you.

Yours sincerely,

Mrs E Holder
English & Drama Dept

N.B. We are happy for payment to be made in instalments from those year 10 students who are also attending the 'Blood Brothers' theatre trip as we appreciate the high cost of both trips combined.

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 the Lowry Theatre to see 'The Curious Incident' on Monday 23rd January 2017.

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 enclose the sum of £32 00 (Cheques to be made payable to St Thomas More School with your son/daughters name on the reverse).

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): _____