

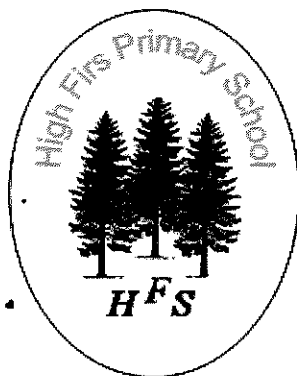
High Firs Primary School

Headteacher

Mr C Turtle BA Hons PGCE NPQH

Deputy Headteacher

Miss C Rennie BA(Ed) Hons



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3rd July 2018

Dear Parents

DICK WHITTINGTON – THE STAG THEATRE SEVENOAKS
KS1 TUESDAY 11th DECEMBER 2018 & KS2 WEDNESDAY 12th DECEMBER 2018

One of the highlights of the school year is the annual visit to the pantomime! This year we will be going to see Dick Whittington at The Stag Theatre - Reception, Years 1 and 2 children on 11th December 2018, and Years 3, 4, 5 and 6 children on 12th December 2018. This visit is an opportunity for the children in the school to experience the wonders of "live theatre" and will certainly provide an exciting Christmas activity for the whole school to look forward to sharing together.

The performance will start at 1.30 pm and last for 2-2 ½ hours. The coach leaves High Firs at around 12.00 pm and will arrive back at approximately 5.00 pm.

The breakdown of the cost of this trip is **£22.50** each which includes ticket and transport.

Ticket: £14.00

Coach: £ 8.50

Ticket Price: £22.50

The "Friends of High Firs" have kindly offered to pay the cost of £2 for each child to have an ice-cream.

To book your child's ticket please can you fill in the attached permission sheet and return it to school with your £22.50 (either the correct amount in cash or a cheque made payable to High Firs Primary School), in an envelope marked "Dick Whittington" with your child's name on it by **THURSDAY 19th JULY**. Any requests received after this date will not be accepted as we need to confirm numbers with the theatre by the end of July.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C Turtle', written in a cursive style.

Mr C Turtle
Headteacher



Achieving more together



PARENTAL CONSENT FOR SCHOOL VISIT

Visit & Date

KS2 Pantomime – Wednesday 12th December 2018

I agree to my child participating in the above visit as per the details on the accompanying letter or information sheet. I agree to my child's participation in the activities described and acknowledge the need for them to behave responsibly.

Child's Name

Date of Birth

Year Group

Medical Information

Does your child have any condition (including allergies) which may require medical treatment, including medication? If YES, please give details:

Ice Cream Permission

My child would like an ice cream during the theatre trip Yes / No

Declaration

I agree to my child receiving any medication as instructed and for any emergency dental, medical or surgical treatment (including anaesthetic or blood transfusion) as considered necessary by the First Aider or medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency Contact Information

Name: _____ Relationship to child: _____
 Mobile telephone: _____
 Home telephone: _____
 Work telephone: _____
 Home address: _____

Alternative Emergency Contact Information

Name: _____ Relationship to child: _____
 Mobile telephone: _____
 Home telephone: _____
 Work telephone: _____
 Home address: _____

Doctor's Information

Name of family Doctor: _____
 Telephone: _____
 Address: _____

Photograph Permission

I give / do not give permission for my child to be photographed and/or filmed whilst on the visit and understand that these photographs may be used for school or publicity purposes, including internet publication.

I consent to High Firs Primary School to keeping this form securely for a period of 1 month following the visit.

Parent's/ Guardian's Signature: _____

Name in Capitals: _____

Relationship to Child _____ **Date:** _____

Please contact us to make any amendments.

SCHOOL OFF-SITE VISITS

This form is valid for the said school trip from the date you sign it, or for the period of time your child attends the school visit. The consent will automatically expire after this time. We hold your records securely, until the school visit has ended and all the children are returned to school, after which they are retained securely for 1 month in case of any queries, then safely destroyed.

It is your responsibility to let us know if you want to withdraw or change your agreement at any time.

School Office Use

Date Paid

Amount Paid £

Cash / Cheque No.