

Principal: Ms N Beech (FRSA)
Winyates Way,
Winyates,
Redditch,
Worcestershire,
B98 0UB

Theatre Trip - School of Rock

Dear Parent/Carer,

We would like to invite your child to take part in a trip to see **School of Rock** at the New London Theatre on **Thursday 25th January 2018**. This is a very special event as one of our pupils is currently performing in the musical. It will also be a fabulous opportunity for your child to visit the theatre in London.

We have managed to secure 28 tickets in the stalls, the cost of which are £25.00 **each**. **We will need a non-refundable deposit of £10.00 by Friday 1st December 2017 and the balance paid by Friday 12th January 2018**. As we only have 28 tickets, we will operate on a 'first come first serve' basis.

We will leave school at 9.00am and will return to school at around 10.00pm. To make a day of it, we intend to visit a museum on the way there. Further details will be sent out closer to the time.

The preferred payment method for this trip is via ParentPay. If you have not yet registered to use ParentPay, please contact the school office via email: office@ipsleyacademy.co.uk.

Unfortunately, we are unable to refund deposits received unless the school needs to cancel the trip or we are able to fill the place with a substitute. We hope that you will understand that asking for a refund when you previously committed to the event could leave the school having to fund a loss.

To confirm your child's attendance please complete the slip below, the attached emergency form and then return it to Mrs Jilks.

Yours sincerely,

Mrs Jilks
KS3 Phase Leader

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London Theatre Trip – Thursday 25th January 2018

Child's Name _____

Class 7 _____

- I give permission for my child to take part in the London Theatre Trip on 25th January 2018
- I have paid £10.00 deposit for the trip via ParentPay
- I have paid the full amount via Parent Pay
- I will make arrangements to collect my child from school at 10.00pm

My child is on the following medication

Emergency Contact Name.....Telephone Number.....

Signed.....(Parent/Carer) Date