

# Tudor Grange Samworth Academy

## A Church of England School



13<sup>th</sup> November 2017

Dear Parent/Carer

A select group of our students have been invited to take part in a service at the Leicester Cathedral on Thursday 7<sup>th</sup> December. This is a wonderful opportunity, the Cathedral's Advent service for the Christmas season and involves a number of Church Schools in the Leicester City Diocese.

We have been asked to do a short performance on the theme of 'Home' and your child has expressed an interest in taking part. We will travel together by minibus and return to school before lunch.

Rehearsals will take place on Tuesday afternoons at 3:15 pm, for an hour each week, in L4 for the next four weeks leading up to the service.

On Tuesday 28<sup>th</sup> November, we have been invited to the Cathedral to see the space we will be using in advance of the day. This will involve a short visit to the Cathedral afterschool at 3:15 pm, we should be back for 4.15pm we will be providing transport for this.

The service itself will be on the Thursday 7<sup>th</sup> December from 10am until 12pm. This event is just for the students taking part, however we hope to have photographs of the event available on our website afterwards.

Please complete the attached consent form which students are required to return back to me in L4 as soon as possible.

Yours faithfully

**Jennifer Saunders**

Lead for Religious Education and Social Sciences

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**PARENTAL CONSENT FORM FOR A SCHOOL VISIT**

**School / Group: Tudor Grange Samworth Academy**

**DESTINATION: Leicester Cathedral**

**MY CHILD WILL BE COLLECTED FROM SCHOOL**

**MY CHILD WILL WALK HOME ALONE**

**From: Date/Time:  
Tuesday 28<sup>th</sup> November at 3.15pm  
Thursday 7<sup>th</sup> December at 10am**

**To: Date/Time:  
Tuesday 28<sup>th</sup> November approx. 4.15pm  
Thursday 7<sup>th</sup> December at 12pm.**

I agree to my child.....  
taking part in the above visit.

**2. Medical Information about your child**

a) Any conditions requiring medical treatment, including medication? YES/NO  
If yes please give brief details:

b) Any special dietary requirements: YES/NO  
If yes please specify:

**Contact Telephone Numbers**

Home: Work:

Home Address:

Alternative emergency contact  
Telephone number:  
Name & Address:

Name of family doctor:  
Telephone number:  
Address:

Signed: Dated:

Full name (capitals):