

# Tudor Grange Samworth Academy

## A Church of England School



28<sup>th</sup> February 2018

Dear Parent/Carer

Your child has the fantastic opportunity of seeing 'Bring it on,' a musical performed by students from Leicester College of Performing Arts at the Peepul Centre in Leicester on Thursday 22<sup>nd</sup> March at 7.30pm.

This is an exclusive invitation for those students studying BTEC Performing Arts as it is vital that they experience a live performance as part of their course, and it is also a great chance to see what further education opportunities within the arts are available locally.

We will be leaving the Academy at 6.45pm travelling by coach and returning at approximately 10.30pm.

The cost of this trip is £5 and the preferred payment method is through ParentPay, otherwise please give the money in an envelope with your child's name on to a member of the performing arts staff.

If you would like to set up a ParentPay account please speak to reception or finance on the Academy contact number 0116 2780232, you will be required to provide an email address to do this.

Students can also bring money for refreshments although it is recommended no more than £5, they may also wear non-school uniform.

Please also indicate on the consent form if you give your child permission to walk home from the Academy on their return.

Yours sincerely

**A Smith**  
Curriculum Leader for Dance and Drama

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<b>PARENTAL CONSENT FORM FOR A SCHOOL VISIT</b>		
<b>School Group:</b> Tudor Grange Samworth Academy		
<b>Destination:</b> Performing Arts Trip to the Peepul Center		
<b>From - Date/Time:</b> Thursday 22 <sup>nd</sup> March at 7.30am	<b>To - Date/Time:</b> Thursday 22 <sup>nd</sup> March at approx. 10.30pm	
I agree to my child ..... taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described.		
<b>2. Medical information about your child</b>		
a) Any conditions requiring medical treatment, including medication? YES/NO If yes please give brief details:		
b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:		
c) Is your son/daughter allergic to any medication? YES/NO If yes please specify:		
<b>3. Declaration</b>		
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.		
I ENCLOSE £5 CONTRIBUTION <input type="checkbox"/>		
I HAVE PAID £5 CONTRIBUTION VIA PARENT PAY <input type="checkbox"/>		
<b>Contact Telephone Numbers</b>		
<b>Home:</b>	<b>Work:</b>	
<b>Home Address:</b>		
<b>Alternative emergency contact:</b> Tel Number: Name & Address:	<b>Name of family doctor:</b> Tel Number: Name & Address:	
<b>Signed:</b>	<b>Legal Parent/Guardian</b>	<b>Dated:</b>
<b>Full Name (<i>capitals</i>):</b>		
I give my child permission to walk home: <input type="checkbox"/>		