



**Arnold Hill
Academy**

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www.arnoldhillacademy.co.uk

Be inspired and achieve together

4th July 2017

Dear Parent

RE: Nottingham Playhouse Trip – 12th October 2017

The Drama department at Arnold Hill Academy is running a theatre trip for our current Year 12 students. We will be going to the Nottingham Playhouse to take part in a Director's Master Class Workshop followed by the performance of 'All My Sons'.

This performance is an essential part of the Drama and Theatre A-Level and will be used for their component 2 'Text in Action' and component 3 'Text in Performance' units.

Students will need to arrange travel to and from the venue. Students must arrive at 4pm. The show will be finished at approximately 10pm.

This trip will be at a **cost of £17.40**, which covers the cost of the workshop and performance. Students will need to bring a pack lunch for tea. Please make payment via your online payment account at www.scopay.com/arnoldhillacademy. Guidance is available on the school website at <http://www.arnoldhillacademy.co.uk/index.php/payments>. If you have any further payment queries please contact deb.campion@arnoldhillacademy.co.uk or telephone the Academy on 0115 955 4804.

Please return the enclosed consent form and return to the Academy by 21st July 2017. A place on this trip can only be reserved once payment has been made and a parent consent form has been completed and returned.

Yours faithfully

Miss Burscough-Brown
Head of Drama

Arnold Hill Academy is part of the Trent Academies Group.

The registered office is Trent Academies Group, Rushcliffe School, Boundary Road, West Bridgford, Nottingham NG2 7BW

The company's registered number is 8128513



CONFIDENTIAL PARENTAL CONSENT FORM

Name: _____ Tutor group: _____

Consent for participation in the visit to: The Nottingham Playhouse

On: 12th October 2017

Planned transport arrangements: N/A

Visit Leader: Ms N Burcough-Brown

MEDICAL INFORMATION

Has been checked by parent on Parent View

CONTACT DETAILS

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email SLG@arnoldhillacademy.co.uk

TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW

CONTACT DETAILS TO BE USED FOR THIS TRIP

Name _____

Telephone No _____

Name _____

Telephone No _____

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

I **agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I have paid for this trip on Scopay

I **understand** that all monies paid may be non-refundable should my son/daughter withdraw from this trip.

Signature of Parent

Signed: _____ Date : _____

Please return this form to PSU (Pupil Support Unit), B Block FAO DEB CAMPION, TRIPS by