

Dear Parent/Carer

Drama and English Trip to see Othello at The Curve Theatre, Leicester on Monday 19th September 2022

As part of the English and Drama A-Level course, we are able to provide an opportunity to see Othello performed by Frantic Assembly at The Curve Theatre. It is an invaluable opportunity to see the set text performed by a professional company. Our students will be answering exam questions on the text.

The coach will leave Montsaye Academy at 6.00pm and we will be back by approximately 10.15pm. The cost of the trip is £32.00, which includes travel and entrance. Places are limited and we will operate on a first come, first served basis. Please arrange transport home for your child as we will be arriving back late to the academy

Please note that payment by either cash, cheque or online payment confirms the place of the trip. The attached form must be returned after online payment. I will confirm your child's place on the trip when it is full.

In accordance with the academy's charging and remissions policy, we are asking parents to make a voluntary contribution to cover the costs of this activity. There is no obligation to make a voluntary contribution and no child will be excluded from the trip, but it will be necessary to have sufficient voluntary contributions for the trip to go ahead,

Yours faithfully



Mr Shea
Teacher of Drama

Visit to Othello

Student's name: _____

Form: _____

I hereby give permission for my son/daughter to attend this trip and enclose the required forms and payment.

I have paid by cheque/cash/online payment (*delete as appropriate*)

Signed: _____
(Person with legal parental responsibility)

Date: _____

MONTSAYE ACADEMY

Name: Form:

Details of event: English and Drama GCSE and A-Level Trip to Curve Theatre, Leicester on Monday 19th September, leaving Montsaye Academy at 6.00pm and returning at approximately 10.15pm.

I agree to (name) taking part in this visit
and have read the letter. I agree to 's participation in the event. I
acknowledge the need for to behave responsibly.

Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please specify

b. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Contact telephone numbers:

Work: Home: Mobile:

Home address:

Alternative emergency contact:

Name: Telephone number:

Address:

Name of family doctor: Telephone number

Address:

Signed: Date

Full name (capitals):
