



CITY OF PETERBOROUGH ACADEMY

Principal: Mrs A Emmerson
PA to the Principal: Miss H Best

Reeves Way
Peterborough
PE1 5LQ

Telephone: 01733 821440

Email: admin@cityofpeterboroughacademy.org

Website: www.cityofpeterboroughacademy.org

 @CityofPeterAcad

Ref: LSH/TBL/Wicked Musical Trip

25 September 2017

Dear Parent/Carer

RE: WICKED THEATRE TRIP– WEDNESDAY 8 NOVEMBER 2017

The Music Department at the City of Peterborough Academy are delighted to be able to offer the opportunity for our pupils to visit the West End to watch Wicked at the Apollo Victoria Theatre in London. We have been lucky enough to arrange a discounted price for the tickets.

The date of the event is Wednesday 8 November 2017 and, if you would like your child to attend, the cost is £40.00. This cost includes the ticket and coach travel. Pupils will be departing from the Academy at 10:45am and will be returning at approximately 8:45pm. Pupils will need to be collected by a parent or guardian from the academy.

Pupils will need to wear full school uniform and bring a packed lunch with them. If your child is entitled to a Free School Meal, this will be provided for them.

Spaces are limited to forty-five pupils. Four members of City of Peterborough Academy staff will accompany the trip to ensure the safety and welfare of all pupils.

NB. The Principal reserves the right to withdraw any pupil from the trip if behaviour around the Academy does not meet the necessary standards.

If this trip is of interest to your child please return a deposit and permission slip attached to main reception by Monday 9 October. Ticket allocations will be on a first come first served basis so pupils must pay £20 deposit in order to reserve their ticket, with the outstanding balance of £20 needing to be paid on or before Friday 20 October.

Should you have any queries please contact the Academy on (01733) 821440.

Yours sincerely

Miss L Sheldrake
Teacher in Charge of Music



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Group of Academies**

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For the attention of the Finance Office via Main Reception

Please return the following to Main Reception by Monday 9 October 2017.

- A non-refundable payment of £20 in a sealed envelope, clearly stating your child's name and 'Wicked Theatre Trip'.
- Completed Medical Consent form

Pupil Name: _____ Form: _____

I give permission for my child to attend the Wicked Theatre Trip on Wednesday 8 November 2017. I agree to collect my child from the academy at approximately 8:45pm.

I have enclosed a £20 non-refundable deposit and agree to pay the balance on or before Friday 20 October 2017.

Parent/Carer signature: _____ Date: _____

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY
NON-RESIDENTIAL**

Visit to:

Date and times:

I consent to: (full name)

taking part in this trip and have read the accompanying letter. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?
Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes No

Is your son/daughter allergic to any medication? eg penicillin
Yes No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader, Head of Year or Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Please turn over.....



'Be Inspired'

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Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Address:

Alternative Emergency contact:

Name:

Relationship

Day: Evening: Mobile:

Address:

Declaration

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

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/Guardian)

Print Name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form



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