



Parent/Carer of:

Friday 18th May 2018

Dear Parent/Carer

GRADED INSTRUMENTAL EXAMS SUMMER 2018

As you have been made aware, your child has been selected to take a graded instrumental examination this summer. We are really proud of the students who will be taking these exams and hope that you are supporting your child by ensuring they practise every day without fail. Please note they should be practising technical exercises/scales as well as their pieces.

The exam will take place as follows:

Name of student	
Year	
Instrument	
Grade	
Examination Board	
Date of examination	
Venue	

Please note that the times of the examinations have not yet been confirmed. They are expected to be during the school day. Should they fall outside the school day, I shall be in contact again.

Since the examination venues are within walking distance of Cardinal Pole, the intention is to walk to and from the venue. **If your child has a medical condition that prevents them doing this, please contact me at the earliest opportunity.**

Please be assured that the students will be accompanied to and from the venue, as well as being fully supervised for the entire trip. If there are any concerns regarding the trip, please feel free to contact me, Dr Maxim, on the above number.

I suggest that you may wish to provide your child with a snack/drink to take with them to the examination centre.

Please complete the attached reply slip below and return it to me by Friday 25th May 2018 at the latest.

Yours faithfully

Dr C Maxim
Head of Music

REPLY SLIP: INSTRUMENTAL GRADED EXAMS SUMMER 2018

PLEASE RETURN TO RECEPTION (FAO DR MAXIM) BY FRIDAY 25TH MAY 2018

I acknowledge that my child will be attending an instrumental exam as per the letter of 18th May 2018.

Student Name:..... Form:.....
(please print)

Medical Condition/Allergies:.....

My child is on free school meals: YES/NO (please circle one)

I confirm that my child is able to walk to/from the examination venue: YES/NO (please circle one)

Emergency Contact Name and Relationship to Child:.....

Emergency Contact Number:.....

Signed:..... (Parent/Carer) Date:.....