4th October 2018

Dear Parent/Carer

**REWARD TRIP TO OLD VIC THEATRE**

Your child has successfully completed their Summer Challenge and has been selected to attend a reward trip for a matinee theatre performance Of Wise Children event at the Old Vic Theatre.

**Details of the trip:**

| | |
|---|---|
| **Venue:** | Old Vic Theatre |
| **Date(s):** | Wednesday 10th October 2018 |
| **Time:** | 2:30pm – 4:40 pm |
| **Travel arrangements:** | Bus and underground |
| **Cost:** | Free |
| **Meals:** | Packed lunch/packed lunches will be provided for those on Free School meals |
| **Special Clothing:** | School Uniform |

Please be assured that the students will be accompanied to and from the venue, as well as being fully supervised for the entire trip. Students should bring their Oyster cards which should be topped up prior to the trip. We will leave school at 1:30pm and expect to be back at the school by 5:40pm. If there are any concerns regarding the trip, please feel free to contact me, Anne Gallagher, on the above number.

Please complete the attached reply slip below and return it to me by Monday 8th October 2018. **Please Note: No child will be allowed to attend the trip without a completed reply slip. Please also note that only students with good behaviour will be permitted to attend a trip.**

Yours faithfully

*A.Gallagher*

Ms A Gallagher
**Lead Practitioner for Higher Prior Attainers/Gifted & Talented**

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**REPLY SLIP: Reward Trip to old Vic Theatre - Please return to Ms Gallagher by Monday 8th October**

**I give permission for my child to attend the trip to the Old Vic Theatre.**

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

Medical Condition/Allergies:.....................................................................................

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

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

Emergency Contact Number:......................................................................................

**Please tick one of the boxes below**
My child should return to the school.
My child will make their own way home
Signed:................................................................ (Parent/Carer) Date:.......................................