



10th October 2018

Dear Parent/Carer

REWARD TRIP TO HAYMARKET CINEMA

Your child has been selected to attend Haymarket Cinema for a viewing of Jurassic World: Fallen Kingdom.

Details of the trip:

Venue:	Haymarket Cinema
Date(s):	Tuesday 14 th November 2018
Time:	Meet in school 8am / Depart at 8:15am Return approx. 2:30pm
Travel arrangements:	Bus 38
Cost:	Free with use of child's Oyster/ Zipcard.
Meals:	Please bring a packed lunch. Free School Meals will be provided

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.

Please complete the attached reply slip below and return it to me by 2nd November 2018. **Please Note: No child will be allowed to attend the trip without a completed reply slip. Please also note that only students with continued good behaviour will be permitted to attend a trip.**

NB. Into Film may record and/or photograph events during the Into Film Festival for repurposing on our website, social channels and educational materials. Where this is taking place we will allow them the chance to opt out of any recording or photography. In return for access to the event, you irrevocably consent to any such filming, photography and/or live streaming and to Into Film reproducing and publishing your words and/or likeness in any transcript of or publication relating to the event and/or for the purposes of publicising the services of Into Film and its partners. Where filming is taking place, we will use notices to make people aware that we are recording and to allow them the chance to avoid the cameras.

Yours faithfully

D. Evans

Mr D. Evans
Head of Year 8

REPLY SLIP: HAYMARKET CINEMA- PLEASE RETURN TO FORM TUTOR BY 2nd NOVEMBER 2018

I give permission for my child to attend the trip to Haymarket Cinema.

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:.....

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