



# St Peter's Catholic High School

*A Specialist Visual Arts College*



DMA/PIL/ABA

25<sup>th</sup> September 2017

Dear Parent/Carer,

INITIAL LETTER

The English Department and Year 7 Team are organising a theatre trip to see a performance of 'Shrek' being performed at the Palace Theatre, Manchester on Thursday 25<sup>th</sup> January 2018.

The cost of the trip will be **£25.00** to cover the cost of transport to Manchester and the ticket.

The coach will leave at 5:30pm on Thursday 25<sup>th</sup> January 2018 and return to school at approximately 10.30pm. Please ensure arrangements have been made to collect your child from outside Orrell Library on our return

**If you wish your child to attend this performance of 'Shrek', please complete the reply slip and return it to Mrs Pilkington by Monday 2<sup>nd</sup> October 2017. No payment is required with this slip at the moment.**

Tickets are limited and these will be allocated on a first come first served basis according to the return of the reply slip on or before the due date.

Further details of the payment will be forwarded to you when I have secured enough pupil places to ensure the trip can go ahead.

Signing the reply slip indicates that you agree to pay the cost of **£25.00** which is non-refundable.

If you require any further information regarding the visit, please do not hesitate to contact me at school.

Yours sincerely,

S. Pilkington (Mrs)  
English Teacher

Howards Lane, Orrell, Wigan WN5 8NU

Tel: 01942 747693 Fax: 01942 747 694

Email: [enquiries@admin.saintpetershigh.wigan.sch.uk](mailto:enquiries@admin.saintpetershigh.wigan.sch.uk)

Web: [www.saintpetershigh.wigan.sch.uk](http://www.saintpetershigh.wigan.sch.uk)

Headteacher: Mr. A. McGlown M.A. (Oxon) N.P.Q.H

To: Mrs. Pilkington,

Pupil's Name \_\_\_\_\_ Form \_\_\_\_\_

I/We wish my/our son/daughter to attend the 'Shrek' performance at the Palace Theatre, Manchester on Thursday 25<sup>th</sup> January 2018

I/We will agree to pay **£25.00** which is non-refundable (no payment is required with this slip)

I/We agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I/We understand the extent and limitations of the insurance cover provided.

Please provide details of any medical conditions that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

Emergency telephone number \_\_\_\_\_