



# St Peter's Catholic High School

*A Specialist Visual Arts College*



DLW/ABA

27<sup>th</sup> September 2017

Dear Parents/Carers,

On Tuesday 19<sup>th</sup> December the Drama Department will be taking a trip to the Liverpool Everyman Theatre, to see an evening performance of their rock 'n' roll pantomime 'The Little Mermaid'. We shall be travelling by coach, leaving school at 5.30pm and returning at approximately 10.15pm (times will be confirmed nearer to the date of the performance). The cost of the trip, including travel and tickets, is £22.00 per pupil.

If you wish your child to take part please complete the reply slip attached and return it to the Finance Office with payment by Monday 9<sup>th</sup> October. Please be aware places are limited. Should you require any further information please do not hesitate to contact me at school.

**When making payments to school, Parents are encouraged to use our online payments facility TUCASI.**

This is because:

- It is quick and easy to use.
- Payments can be made at any time (even when the school is closed) and balances viewed 24/7,
- You will have access to your own private account history at any time.
- There is no more searching for cash.
- It reduces the risk of cash and cheques being lost or stolen.
- All major credit/debit cards are accepted.

If you need any assistance setting up your account, please contact the School's Finance Office on 01942 747693 ext. 309.

Yours sincerely

D. L. Walsh (Miss)  
Drama Department

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: Miss Walsh,

I/We give permission for my/our child \_\_\_\_\_ to take part in the trip to see 'The Little Mermaid' on 19<sup>th</sup> December 2017

I/We have paid £22.00 which is non-refundable.

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 \_\_\_\_\_