



St Peter's Catholic High School

A Specialist Visual Arts College



RSA/ABA

7th February 2017

Dear Parents/Carer,

The Drama Department is organising a theatre trip to see a performance of 'Woman in Black' being performed at the Lowry, Manchester on Wednesday 22nd March 2017.

The cost of the trip will be £15.00 to cover the cost of transport to Manchester and the ticket.

All GCSE Drama pupils are required to write a review on a live piece of Theatre that they have watched. This is a compulsory part of the exam and is vital that students attend this production.

We will be leaving school at 1pm on Wednesday 22nd March 2017 and return to school at approximately 6.00pm. Please ensure arrangements have been made to collect your child from school on our return. As we will leave during lunch, pupils are asked to bring a packed lunch and drinks on that day. They will be allowed to eat this on the coach journey.

If you wish your child to attend this performance of 'Woman in Black', please complete the reply slip and return it to Mrs Sangster/Pendleton by Friday 17th February 2017.

All monies can be paid into the school office or through the on-line payment system.

Cheques made payable to 'St Peter's Catholic High School'

Payments must only be handed in at the following times:

8:30 – 9:00am

BREAK

1:15 – 1:40pm

Signing the reply slip indicates that you give permission for your child to attend and agree to pay the cost of £15.00 which is non-refundable.

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

Yours sincerely,

R.J. Sangster (Mrs)
Head of Dance/Drama

Howards Lane, Orrell, Wigan WN5 8NU

Tel: 01942 747693 Fax: 01942 747 694

Email: enquiries@admin.saintpetershigh.wigan.sch.uk

Web: www.saintpetershigh.wigan.sch.uk

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

To: Mrs. Sangster,

Pupil's Name _____ Form _____

I/We wish my/our son/daughter to attend the 'Woman in Black' performance at the Lowry Theatre, Manchester on Wednesday 22nd March 2017.

I/We will agree to pay £15.00 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 _____