

# WHETSTONE FIELD PRIMARY SCHOOL

Beaufort Way, Aldridge, Walsall, WS9 OHJ Tel: 01922 743498 Fax: 01922 745240  
email: office@whetstonefield.co.uk  
website: www.whetstonefield.co.uk  
Headteacher: Mr S. Cox

4<sup>th</sup> November 2019

Dear Parents

## Dick Whittington Pantomime - Years 1, 2, 3, 4, 5 & 6

We have booked tickets for all children from Years 1 to 6 to see Dick Whittington at Wolverhampton Grand Theatre on **Tuesday 17<sup>th</sup> December.**

Tickets and transport costs in total are **£19.00 per pupil.** Please make your payment online as soon as possible.

Please note: all payments by Parents/Carers for school visits are voluntary under the terms of the 1988 Education Act. No child can be excluded from taking part if no contribution is made. However, if insufficient funds are received to cover the cost, it may be necessary to cancel the activity.

As the performance is mid-afternoon, lunch arrangements at school will continue as normal. Please may we ask that you provide your child/children with a small bottle of water for the trip (plastic only).

We are hoping to be back at school at approximately 5.15 pm (traffic permitting) so please make arrangements to collect your child from the KS2 playground.

Please sign the attached parental consent form and return to school as soon as possible.

This will be a lovely opportunity for all our children to enjoy together.

Yours sincerely

*S COX*

**Mr S Cox**  
**Headteacher**

✂

**Dick Whittington Pantomime – Tuesday 17<sup>th</sup> December Years 1, 2, 3, 4, 5 and 6**

**Child's name** ..... **Class** .....

- I wish my child to take part in the visit and **have made a payment online** of £19.00 (please return form once payment has been made)
- I wish my child to take part in the visit and enclose the full amount of £19.00 as I have no internet access
- I wish my child to take part in the visit and enclose a donation of £\_\_\_\_\_
- I do not wish my child to take part in this visit.

Signed ..... **\*Please return with attached form \***



**PARENTAL CONSENT FORM**

**School visit to: Wolverhampton Grand Theatre  
Tuesday 17<sup>th</sup> December – Years 1, 2, 3, 4, 5 & 6**

Dear Parent

Your child has the opportunity of taking part in the above visit, details of which are attached on a separate sheet. During the visit the class teacher will be in loco parentis and will make decisions for and on behalf of your child. The Council's insurance covers all the legal liability of the Council to pupils on the visit. Additional accident insurance has been arranged with Zurich Insurance Company.

Please sign and return the slip below indicating your understanding and agreement to these arrangements.

I give permission for my child..... to take part in the visit.

**I have received details of the visit and accept responsibility for collecting him/her from school as stated in the trip letter.**

In case of accident or illness whilst away from home, I consent to any necessary medical treatment which might include the use of anaesthetics.

Please state if your child has any illness, dietary needs, allergy, or disability which the leader of the party should know about.

.....  
.....  
.....

Emergency contact name(s): ..... Tel:.....

..... Tel: .....

Signed: .....(Parent/Guardian)