

Wednesday 4 September 2019

Dear Parent/Carer

**GCSE Trip to the North Wall Arts Center to see a Performance of**

**'The Border'**

**Date: Monday 16 September 2019**

The Drama department is pleased to offer your son/daughter a trip to **North Wall Arts Centre** on Monday 16 September 2019. The purpose of this visit is to see a live theatre performance of **'The Border'** for their Component 3 GCSE Drama written exam.

The cost of the trip is £18.50 which will cover the price of the ticket plus a coach to and from school.

Students will meet at The Highcrest Academy at 5.45 and we will travel by coach to the Theatre for an 8pm performance. Students will return to the Highcrest Academy by approximately 11.00pm. Please make arrangements to collect your child from Highcrest Academy as no unaccompanied students will be allowed to leave the school site.

Students will need to wear suitable clothing and should either bring a snack or bring money to buy a snack at the theatre. Students will not be allowed to leave the theatre at the interval. If students bring money or personal items with them on the trip, they do so at their own risk; the school takes no responsibility for the loss of, or damage to such items.

Please make sure all reply slips and money go directly to the finance office in a sealed envelope with the trip name and students name clearly written on the front; any cheques made payable to "The Highcrest Academy".

If you have any questions, please do not hesitate to contact me.

Yours sincerely

Mrs. T Toohey-Knowles  
**Head of Performing Arts and House System/Trip Leader**

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**PLEASE RETURN THIS REPLY SLIP TO THE FINANCE OFFICE BY  
FRIDAY 6 SEPTEMBER 2019**

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I give permission for my son/daughter\* to attend the North Wall Arts Center to see 'The Border', GCSE Drama trip on Monday 16 September 2019 and enclose £18.50

Cash

Cheque

Pupil's **full** name: \_\_\_\_\_ Form: \_\_\_\_\_

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

I **confirm** that the medical information held at school is up to date. I will inform the Group Leader/Head Teacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

I **acknowledge** the need for my son/daughter to behave responsibly. If your child has not been allowed to attend this

Parent/Carer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_