



Dear Parent

As part of your child's GCSE Drama or A-Level Drama and Theatre course, they are required to view a live theatre production, which they then review in their written exams. A trip has been organised to watch a production of *The Lovely Bones* at **The Lowry, Salford Quays** on **Thursday 17th October** to support your child's studies in Drama.

Pupils must arrange their own transport to and from the venue, arriving at 7pm and departing at approximately 9:40pm (a more specific collection time will be given to pupils nearer to the performance date). Suitable clothing for the evening is appropriate non-uniform attire. The cost of the trip is £15.40 per student. Please make your payment via your child's ParentPay account (www.parentpay.com), by Friday 27th September. The payment is titled: ***The Lovely Bones Lowry***.

The school behaviour policy including the code of conduct and sanctions applies to this school trip. This trip includes remote supervision (during which time students should remain in groups of no fewer than four). We have a record of your child's contact and medical details as you have given them to us; if there have been any changes that we need to know for their attendance on this trip it is imperative you indicate this prior to the trip. In addition please give the emergency contact number to be used for this trip via ParentPay.

Please complete the application slip attached to Mrs Charlesworth or Mrs Hammond. I hope they find the trip worthwhile and enjoyable.

Yours sincerely

Mrs R. Charlesworth

Head of Drama

Principal: **Mrs J Anderson BA PGCE Med**
Bridge Road Bury Lancashire BL9 0HH
Tel **0161 696 8600** Fax **0161 763 4658**
Email: girlsoffice@burygrammar.com W:www.burygrammar.com

PLEASE COMPLETE THE CONSENT SLIP AND RETURN TO SCHOOL

The Lovely Bones at The Lowry, Salford Quays, Thursday 17th October

I give permission for (name) (form)
to attend the trip to on (date)
meeting at the venue at and being collected at

I will pay £ via parent pay

Emergency contact numbers for this trip, please complete for both numbers:

Landline.....Contact

Name.....

Mobile Contact

Name.....

I agree to my child receiving medication as instructed and any emergency medical intervention.

I understand the extent and limitations of the insurance cover provided.

I agree to make the necessary transport arrangements for my child to get to the venue and to get home.

I have included below any medical detail CHANGES relevant to this trip.

Signed (Parent)

Full name (printed) Date

Any medical detail CHANGES appropriate to this trip are

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continue below or contact the school health support worker if preferred.

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