



Headteacher
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Sandhurst School

the opportunity to succeed

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15th September 2017

Dear Parent/Carer

Year 7 Performing Arts visit to 'School of Rock' – The Musical on Thursday 14th December

A visit has been arranged for Year 7 Performing Arts students to visit New London Theatre in London **on Thursday 14th December** to see 'School of Rock'.

The cost of the visit will be **£32.00**. This includes the theatre ticket, the coach and insurance for your son/daughter. We will leave school at **4.15pm** returning at approximately **11:30pm** dependent upon traffic. Students are asked to dress appropriately for the theatre.

The visit can be paid for by debit or credit card by selecting the 'ONLINE PAYMENT' button on the school website. This facility will be available 48 hours from the date of this letter. Please make your payment and return the signed OHA2 form and payment slip below to the letterbox outside the Finance Office by **Friday 17th November**. The visit can also be paid for in the usual way by cheque payable to 'Sandhurst School Private Account', with the student's name, tutor group and name of the visit on the back and also on the front of the envelope. Receipts for payments will be issued upon request.

It is school policy that no child is disadvantaged by virtue of the fact that their parent(s) are unable to pay. Children in receipt of free school lunches may be eligible to have some of the cost of this activity paid for by the school. Parents do not have to pay for school lunches if they receive any of the following:

- Income Support
- Income-based Job Seeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part IV of the Immigration and Asylum Act 1999
- Child Tax Credit, provided they are not entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue and Customs) that does not exceed £16,040
- Working Tax Credit during the four week period immediately after their employment finishes or after they start to work less than 16 hours per week
- The guarantee element of State Pension Credit

Children who receive IS or IBJSA in their own right are also entitled to receive free school meals. It is also policy that no visit should run at a loss and therefore if insufficient contributions are made the visit will be cancelled.

Please contact the activities organiser should you wish to discuss any aspect of this activity.

Yours sincerely

Ms C Richardson
Drama



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

PLEASE RETURN TO THE FINANCE OFFICE BY FRIDAY 17TH NOVEMBER 2017

FOR OFFICIAL USE ONLY

Student Name:

Tutor Group: Amount Enclosed:

Payment Method - Please tick one:

Debit/Credit (preferred method) Cheque Cash Online (date paid/...../2017)

YEAR 7 PERFORMING ARTS VISIT TO THE NEW LONDON THEATRE
TO SEE 'SCHOOL OF ROCK' - Thursday 14th December



Based on the film of the same name, School of Rock—The Musical by Andrew Lloyd Webber, tells the story of wannabe rock star Dewey Finn, who poses as a substitute teacher at a prestigious prep school. When he discovers his students' musical talents, he enlists his fifth-graders to form a rock group and conquer the Battle of the Bands.



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

**BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING
MEDICAL AND CONSENT FORM**



IMPORTANT: This form must be completed by all adults, children & young people who are participating in the activity. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

Establishment: (e.g. project, school, youth centre etc)
Sandhurst School, Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire, GU47 0SD
Tel: 01344-775678

Please provide the following details in respect of the PARTICIPANT:

Visit/Activity: Theatre visit - School of Rock **Date/s:** 14th December 2017

Full Name: _____ Date of Birth: _____

Home address including post code: _____

Mobile Phone Number (if applicable): _____ Date of last Tetanus Injection: _____

Participant's Doctor's contact details: _____ NHS number: _____

Doctor's Name: _____

Address including post code: _____

Telephone: _____
Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:

Please give details of all current medical treatment, including medication:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

CONT'D OVERLEAF

Please provide the following details in respect of the NEXT OF KIN:

Full Name: Telephone (including STD code):
Relationship to Participant Home:
(e.g. mother): Work:
How should they be contacted in an emergency? Mobile:
Home address:

Declaration of Consent

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

- 1. I consent to the above named Participant taking part in the activity/visit.**
- 2. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anaesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.**

Signed:..... **Date:**

Relationship to the Participant:

The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.

To be completed by the PARTICIPANT if applicable:

I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.

Signature of Participant:..... **Date:**.....