



Headteacher
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Sandhurst School

the opportunity to succeed

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21st September 2018

Dear Parent/Carer

Re: Year 7 Performing Arts visit to 'School of Rock' - The Musical, on Thursday 24th January 2019

A visit has been arranged for Year 7 Performing Arts students to visit New London Theatre in London on **Thursday 24th January 2019** to see 'School of Rock'.

The cost of the visit will be **£25**. This includes the theatre ticket, the coach and insurance for your son/daughter. I am sure the visit will be popular as we have managed to get a discounted rate on the tickets. Cheques should be made payable to 'Sandhurst School Private Account'. Alternatively, payment can be made using the online facility, which will be available 48 hours from the date of this letter. Receipts will be issued upon request.

We will leave school at **4pm** 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. The online facility will be available 24 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 2nd November 2018**. 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 emailed or forwarded to parents via the students.

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
Citizenship Subject Leader



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 FINANCE OFFICE

Student Name: Tutor Group:

FOR OFFICIAL USE ONLY

I give permission for my son/daughter to take part in the **Year 7 visit to the New London Theatre to see 'School of Rock' on Thursday 24th January 2019**

I enclose: Completed **OHA2 - VISITS medical and consent form**
 Cost of **£25**

Payment Method - Please tick one: Cheque Cash Online (preferred) (date online payment made
...../...../2018)

Signed Parent/Carer



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**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: 'School of Rock' Theatre Visit **Date/s:** 24th January 2019

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:**.....