



NOTTINGHAM
FREE SCHOOL

22 October 2015

Dear Parent(s)/Carer(s)

As the pantomime trip last year was so successful, we are pleased to be able to offer this trip once again, open to all year 7 and year 8 pupils.

The trip will take place on Wednesday 9th December 2015 at Nottingham Playhouse, the pantomime is Dick Whittington. The cost of this trip will be £15, or £7.50 if your child receives free school meals, this is to cover the cost of the tickets and transport. We do not want the cost of this trip to stop your child from participating and are happy to set a payment plan if this makes it more affordable.

If you would like your child to attend we ask for a £5 deposit, payable by Friday 6th November 2015. The full amount is to be payable by Friday 27th November 2015. We plan to travel by coach leaving school at 1:30pm and arriving back at approximately 5:15pm. The school bus will remain in operation at the later time for this day only. We expect pupils to attend in full school uniform.

Last year we were able to take every pupil on this trip and it was an excellent way to round off the first full term at Nottingham Free School. We hope to be able to take all the pupils again this year, to reward them for their hard work and enthusiasm.

Yours faithfully

Mrs J Douglas
Lead Teacher of Science

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PLEASE RETURN TO THE SCHOOL OFFICE BY FRIDAY 6th NOVEMBER 2015

Name of Pupil: _____ Tutor Group: _____

I/We agree for my/our son/daughter to attend the pantomime:

- My child is a recipient of free school meals.
- I consent to my child receiving medical treatment in the event of an emergency.
- I am aware of the nature of the programme my child is about to take part in and I understand I can obtain more detailed information by telephone/in writing from Mrs Douglas.
- I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.
- I enclose a deposit of £5.
- I enclose payment in full.
- I wish to have a payment plan and enclose a first payment of £_____. Please state how you wish payments to continue _____.

Signature: _____ Date: _____

Name: _____