

Central Lancaster High School, Crag Road, Lancaster, Lancashire, LA1 3LS

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September 2018

Dear Parent or Carer

Re: 'Macbeth' - Visit to The Lowry Theatre, Manchester on Monday 1st October 2018

On Monday 1st October 2018, we will be taking 25 Year 11 students to see a National Theatre production of 'Macbeth'.

We will leave school at 4.30pm, travelling by coach, and be back at school for approximately 11.30pm. The cost for this trip will be £25: this includes the £15 ticket and £10 for transport to and from Manchester. As this visit is in out of school hours, students are not required to wear school uniform, although they should dress appropriately.

Copies of written Risk Assessments for the activities are available on request from the Visit Leader. For the visit and journey to be a valid and safe educational experience, sensible active involvement is required from all participating children.

It is important that parents/carers contact us prior to the visit if there has been any recent illness of which the Visit Leader should be aware. Parents/carers should provide the school with any updated medical information and any changes to emergency contact numbers.

Lancashire County Council's insurance arrangements do not cover personal accident, or loss/damage to personal items.

Please complete the attached consent form and return to school. Due to limited space on the trip, the places will be allocated to the first 25 students to return the consent form with full payment.

Yours sincerely

Mr J D Read

English Department



CENTRAL LANCASTER HIGH SCHOOL

Consent Form

Re: 'Macbeth' - Visit to The Lowry Theatre, Manchester - 1st October 2018

I give consent for my child to take part in the visit to The Lowry Theatre, Manchester on Monday $1^{\rm st}$ October 2018.

I have read and understood the travel arrangements as stated.

| • | I will arrange to pick my child up | from school at 11:30pm | | | |
|---------------------|---|--|--------|--|--|
| • | I will arrange for him/her to be picked up by | | 🗆 Tel: | | |
| | (Please tick as appropriate) | | | | |
| • | I enclose a non-refundable deposit/full amount* £ | | | | |
| | | | | | |
| | | | | | |
| Student's Name: | | Form: | | | |
| | | | | | |
| Parent's Signature: | | | Date: | | |
| | | | | | |
| Na | ame: | <pre>_ Emergency Contact Number: _</pre> | | | |

Please return this slip and money to Mr Read