



Opportunity  
Community  
Courage

Sir William Stanier School  
Coronation Street  
Crewe  
Cheshire  
CW1 4EB  
office@sws.cheshire.sch.uk  
01270 660880

Tuesday 14<sup>th</sup> January 2025

Dear Parent / Careers,

I am writing to inform you about an upcoming music trip scheduled for **Tuesday, 11th February**, at **Hungerford Primary School**. This event is exclusively for the Year 11 Band from Sir William Stanier School and presents an exciting opportunity for our students to perform for the pupils at Hungerford Primary School.

This initiative aims to provide our Year 11 Band with valuable performance experience while offering the primary students an engaging and enriching opportunity to enjoy live music.

We will **depart** from school at **13.30pm** on the school minibus, with an approximate **return** to SWS at the time of **15.15pm**. Students are requested to bring a **packed lunch** unless they are recipients of Free School Meals, in which case, arrangements will be made by the school. Importantly, this trip comes at no additional cost to students; hence, **no payment is required**.

Please complete the reply slip below and return the money and reply slip to **Mrs Gaffney** by **Monday 3<sup>rd</sup> February**.

Kind Regards,

Mrs. B Gaffney

Curriculum Leader of Performing Arts

.....

**Hungerford Primary School Performance**

My child will / will not be able to attend **Hungerford Primary School**.

**Emergency Contact:**

**Name:** ..... **Contact Number:** .....

**Student Name:** ..... **Form:** .....

**Signature (Parent/Career):** ..... **Date:** .....



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## FORM 'C' PARENT/CARER CONSENT FOR AN EDUCATIONAL VISIT

Visit to: Hungerford Primary School

Date: Tuesday 11<sup>th</sup> February

I agree to ..... (name of pupil) taking part in this visit

I have read the information sheet and I agree to ..... 's participation in the activities described.

I acknowledge the need for ..... to behave responsibly throughout the visit.

**1. Medical information about your child:**

a) Any conditions requiring medical treatment, including medication?

If YES, please give details:

YES/NO

.....

b) Please outline any food or other allergies and special dietary requirements of your child:

.....

c) Any recent illness or accident staff should be aware of?

.....

d) The type of pain/flu relief medication your child may be given, if necessary:

**A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

### Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.



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**Contact telephone numbers:**

Name: .....

Work: ..... Home: .....

Home address: .....

.....

e-mail address: .....

**Alternative emergency contact:**

Name: .....

Telephone number: .....

Address: .....

.....

e-mail address: .....

**Name of family doctor:** .....

Telephone: .....

Address: .....

As part of the activities your son/daughter is involved in Cheshire County Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? **YES/NO**

Signed: .....

Full name (capitals): ..... Date: .....

**PHOTOGRAPHS/VIDEO PERMISSION**

Photographs or video may be taken during this activity. The material may be used for display in school, on the school web site or publicity in the press. If you **do not** wish your child to be a part of this, either write below that you do not want your child to appear in photographs or video or send a separate letter to the member of staff organizing the visit.

**If you do not write to the organizing member of staff, then we will assume that you give your permission.**