



Thursday 4th January 2018

Dear parents/carers,

We are pleased to tell you that we have organised a trip to Sadler's Wells theatre on **Thursday 22nd February** to attend a Flamenco performance.

"Gala Flamenca" will begin at **19.30** and will include some of the world's best Flamenco performers who will be singing, dancing and performing. We are very keen to take our students as Hispanic Culture is an ever more important part of the KS3 and KS4 Spanish Curriculum.

The cost of the trip will be **£12.00**. The medical form and permission slip, must be handed in to Ms Davies by **Monday 15th of January** to ensure a space on the trip.

Once your space has been confirmed we will notify you to make the payment on WisePay.

Our students must also have a topped up Oyster Card which will enable them to travel into London and back to Seven Kings Station. We will be taking the train from Seven Kings Station to Liverpool Street Station and then the Northern Line Tube to Angel. The trip takes approximately an hour.

We will be leaving school at **18.00**, as a group. We will all travel back to the school together, after the performance. We expect to be back in school by around **23.00**. It will be a requirement that every student is collected from school punctually.

There are limited places on this trip and we are working on a first come, first served basis.

Should you have any questions please do not hesitate to contact me.

Yours faithfully,

Ms. M Davies

2i/c Modern Foreign Languages

Flamenco Trip – February 2018

I give permission for my child to take part in this specialist Spanish trip and I have completed the Medical Consent Form for school records. I confirm to the best of my knowledge that my child does not suffer from any relevant medical conditions other than those listed below.

Child's name: _____

Signed: _____ Parent/Carer Name: _____ Date: _____

Medical and Consent Form

Name of child.....Date of Birth..... Sex.....

Name of parent / guardian.....

Address.....

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Telephone (day)..... (evening).....

Mobile.....

Doctor / GP Practice.....

Telephone.....

Does your child have any special dietary requirements?

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In respect of your child, please provide details of any relevant medical conditions, treatments and medication, including (but not limited to) asthma, diabetes, epilepsy, heart condition, back or joint problems and allergies (including allergies to medication). Please state any special arrangements that need to be made for your child:

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continue on a separate sheet if necessary