



Wellow
Primary School

Romsey Road, Wellow
Romsey, Hants
SO51 6BG

Executive Headteacher : Mrs Jo Cottrell
Head of School: Mrs Bethan Larcombe
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Tel: 01794 322201 Fax: 01794 323819

Friday 12th January 2018

Dear Parents/Carers

The Drama Department at The Mountbatten School have invited Y6 to attend the dress rehearsal of their performance of 'Hairspray'. Mrs Larcombe and Miss Armstrong will accompany the children to Mountbatten. The afternoon performance will last approximately 1 hour.

Venue: Mountbatten School

Date: Wednesday 31st January 2018

Departure Time: We will leave school approx. 12:20pm

Return Time: We will return to school between 3:00 and 3:30pm

Transport: Minibus

Transport cost: £4.50 per child.

Clothing: School uniform

*Charges for this visit are in line with the school's Charging & Remission policy, a copy of which can be viewed on the school's website: wellow.hants.sch.uk. If you feel you are unable to make a voluntary contribution, please contact Mrs Larcombe without delay. **Please note that the trip will only take place if sufficient funds are available.***

Please complete the attached sheet, paying particular attention to the section regarding medical conditions, and return to your child's class teacher or the school office by **Friday 26th January 2018**.

Yours sincerely

B Larcombe

Head of School

THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S CLASS TEACHER BY NO LATER THAN Friday 26th January 2018

Mountbatten School Hairspray production

VENUE: Mountbatten School

DATE: Wednesday 31st January 2018

Leave school AT: from 12:20

Arrive back at school AT: between 15:00 and 15:30

CHILD'S NAME:

CLASS:

I agree to my child attending Mountbatten School's 'Hairspray' dress rehearsal

I **have made** my £..... payment online

I **have enclosed** my £..... payment by cash/cheque (cheques payable to HCC)

PRINT NAME:

My child has a medical condition **Yes / No** (please delete as appropriate)

If **Yes** please give details:

My child requires medication for the above condition **Yes / No** (please delete as appropriate)

If **Yes** please give details including dosage:

Medication held in school

Medication to be supplied by parent/carer

NB: Wherever possible, medication should be administered by the parent/carer before the child comes to school.

Signed

Date

(Person/s with parental responsibility)