



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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Dear Parents/Carers

A fantastic opportunity has arisen for our Year 5 and 6 children, who have studied or are currently studying 'RMS Titanic', to see the Titanic Musical at the Mayflower Theatre. All details are outlined below.

This is an optional trip and at this stage we only require a £10 non-refundable deposit.

Venue: The Mayflower Theatre, Southampton

Date: Thursday 19th April 2018

Departure time: 12.45pm

Return time: Parents to collect from The Mayflower Theatre at 4.45pm

Transport: A coach will TAKE the children to the Theatre – PARENTS TO COLLECT

Clothing: School uniform

Cost: Total cost £21.00 - £10 non-refundable deposit required at this stage.

Lunch arrangements: In school as normal

Please indicate your deposit payment method and 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 22nd September.**

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 22nd September

VENUE: The Mayflower Theatre, Southampton

DATE: Thursday 19th April 2018

DEPARTING AT: 12.45pm

RETURNING AT: Parent to collect from The Mayflower at 4.45pm

CHILD'S NAME:

CLASS:

- I agree to my child visiting Titanic the Musical
- I **have made** my £10 non-refundable deposit payment online
- I **have enclosed** my £10 non-refundable deposit payment by cash/cheque(HCC)

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.

Does your child suffer from travel sickness? **Yes / No** (please delete as appropriate)

If medication is required for the return journey please ensure this is given to class teacher and complete medication details above.

Signed Date

(Person/s with parental responsibility)