



19 January 2018

Dear Parent/Carer

As part of the GCSE English Literature course, pupils study the play 'Blood Brothers' by Willy Russell. We are pleased to be able to offer students the opportunity to see the play performed on stage at the St Helens Grand Theatre.

The performance will be on 12th September 2018. The coach will leave school at 11am for a 12pm performance. The coach will be leaving at about 3pm and will be back at school around 4pm depending on the exact running time of the show and the traffic on the return journey.

This is a fantastic opportunity to see the play performed. The cost of the event is £29.00 which includes both coach and theatre tickets. Places will be allocated on a first come, first served basis.

We expect that students attending this performance will represent the school well and will demonstrate this through consistently meeting the Shevington Standards.

Students will wear school uniform for visiting a theatre and may want to bring a drink and snack with them to avoid the expense of buying these at the venue.

If you would like your son/daughter to attend this event, please complete the consent sheet below and enclose payment and return to the cash office or pay via our Wisepay system and return the consent form no later than 24th January 2018.

Please note that you will need to make arrangements for their journey home from school at 4pm.

Yours faithfully

Mrs L Johnson
Director of Learning



SHEVINGTON HIGH SCHOOL

Headteacher: Mr J Grant

Shevington Lane, Shevington, Wigan WN6 8AB

Tel: 01257 400990 Fax: 01257 400992

Website: www.shevingtonhigh.org.uk Email: enquiries@shevingtonhigh.org.uk



facebook.com/shevingtonhigh



twitter.com/shevingtonhigh

National Support School
designated by



National College for
Teaching & Leadership

SHEVINGTON HIGH SCHOOL - EDUCATIONAL VISITS CONSENT FORM

Please complete in full and return to the Cash Office/Wisepay no later than 24th January 2018

Pupil Name: _____ Form: _____

Trip Details: **Blood Brothers – St Helens Grand Theatre**

Date/s: **12th September 2018**

Trip Leader: **L Johnson**

Cost: **£29.00**

PLEASE COMPLETE MEDICAL AND EMERGENCY CONTACT DETAILS BELOW:

Please give any relevant information concerning your child's health (including non-medical conditions) requiring special attention but which should not prevent him or her taking part: For example does your child have any allergies? Take medication? Experience travel sickness? Have diabetes, asthma or epilepsy or any has had any relevant recent illnesses?

Please also give approximate date of last tetanus injection: _____

Name of Family Doctor's Practice: _____

Consent* for Emergency Medical Treatment

I confirm that I am willing for the school representative to sign on my behalf any forms of consent required by the hospital authorities in the event that my son/daughter requires emergency medical treatment, provided the delay required to obtain my own signature might be considered by the doctor/surgeon to endanger my son's/daughter's health or safety.

Signed: (Parent) _____ Print Name _____ Date: _____

Does your child have any specific dietary requirements? If so please give details:

Emergency Contact Telephone Numbers:

1. Name: _____	2. Name: _____
Home: _____	Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____

I would like my child to take part in the visit and having received and read the information provided, agree to her/him taking part in the activities described.

Signed: (Parent) _____ Print Name _____ Date: _____

Email Address _____