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BISHOPSHALT SCHOOL

"Above all else a place for learning"

11 January 2017

Our ref: GLN/CH/Admin/Trips & Workshops/Drama/Autumn 2014

Dear Parent/Carer,

RUNNING WILD

Date: Tuesday 14 March 2017
Departure time from Bishopshalt School – 5.45pm

Following our Year 8 (now Year 9) visit to ZSL London in June 2016 and the unfortunate downpour which caused the cancellation of the Running Wild performance at the Regents Park Open Air Theatre, I am pleased that we are now able to offer a trip to see this performance in full at the Wycombe Swan Theatre. I have booked a limited number of tickets for Tuesday 14 March for the 7pm performance. This trip is open to all students in Year 8 and Year 9 and tickets will be offered on a first come first served basis according to when payment is received.

The students will travel to and from the theatre by coach. We will leave school at 5.45pm promptly. The coach is fitted with seatbelts and your child may be asked to sit in a particular seat – it is important that students behave in a suitable manner and do as they are instructed. We hope to arrive back at school at approximately 9.30pm, your child will ring you when we are on our way home to give you a more accurate arrival time.

The cost of this trip is £16.85 which includes transport and theatre ticket.

Students are requested to eat a meal before attending the trip. They may bring sweets, drinks, snacks to eat while watching the performance. Students will be instructed to turn off their mobile phones during the performance. School uniform is not required but was ask students wear appropriate dress for a theatre trip.

Please can you make payment via Parentpay and click the "consent" button before paying. As stated, we have limited seats and these will be offered on a first come first served basis (when payment is received). We do offer a discount for those on free school meals, this discount will be applied in your Parentpay account.

If you have any queries regarding this performance please do not hesitate to contact me.

Yours sincerely,

MRS MAGEE

Mrs Magee
Arts College Manager

Enc.
Cc: Mrs Magee
Mrs Karia



An Arts College specialising in Music and the Performing Arts
Royal Lane, Hillingdon, Uxbridge, UB8 3RF

Headteacher: Mr K Rowe MA

BISHOPSHALT SCHOOL EDUCATIONAL VISITS INFORMATION SHEET

Educational Visit	Running Wild
Date	Tuesday 14 March 2017
Party Leader	Mrs Magee
Other staff	4 members of staff
Party size	49 students and 4 staff
Venue details	Wycombe Swan, St Mary Street, High Wycombe, Buckinghamshire, HP11 2XE
Transport arrangements <i>(please also see note at end of this list)</i>	We will travel by coach, supplied by Chalfont Coaches.
Departure details	5.45pm from Bishopshalt School
Return details	9.30pm (approximately) Bishopshalt School
Activities planned	Watching a performance of Running Wild
Meals	Please have a meal before the trip. Students can bring snacks if they wish.
Dress Code	Smart/casual clothing
Charges	£16.85
Communication	It is suggested all students bring their mobile phones with them to call their parents on their way home.
Insurance	Students are covered by the school's personal accident policy throughout the duration of the visit.
Other information	
Behaviour	Whilst on any school visit, students adhere to the school behavior policy. There will also be times during the visit when adults other than Bishopshalt members of staff (eg coach drivers, museum guides, transport staff) will give instructions and directions to students to which all students are required to adhere.
Transport arrangements <i>(for minibuses and coaches)</i>	Students will be asked to wear their seatbelts during the journey and may be directed to sit in a particular seat.

PARENTAL CONSENT FORM FOR AN EDUCATIONAL VISIT

Details of Educational Visit: Running Wild

Venue: Wycombe Swan

Date: Tuesday 14 March 2017

I agree to my child

_____ (Name) _____ (Form)

participating in this visit at the cost outlined and have read the information sheet attached.

I acknowledge that my child needs to behave responsibly throughout the visit and will need to be collected from School.

Signed _____ (Parent/Carer)

Full Name _____

Date _____ Emergency Contact Number _____

Please outline below any conditions that may require medical treatment during the visit including medication

