

November 2023

Dear Parent/Carer,

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Assistant Headteacher (Head of Sixth Form) - Lisa Swan

I am delighted to inform you of a fantastic opportunity for your child to experience watching a West End production of William Shakespeare's *King Lear* - at Wyndham's Theatre in Westminster - starring Kenneth Branagh as King Lear. The performance is on **Thursday 23<sup>rd</sup> November 2023**, beginning at 7:30pm and running for approximately 2 hours.

This is a brilliant opportunity for your child to experience the production itself – building on their knowledge to supplement their learning of one of the A level set texts – and to develop their understanding of drama as a medium of literature, which will in turn aid their understanding of their other set drama text: the modern tragedy, *A Streetcar Named Desire*.

We will depart from school at 3:15pm by minibus, and travel to Richmond where we will take the tube to Leicester Square. We estimate arrival in central London at around 6pm, allowing time to eat dinner in Westminster before heading to the theatre. It is encouraged that students bring money to eat and perhaps some snacks/drinks for the minibus journey.

The play is scheduled to finish around 9:30pm, and we aim to be back at the minibus at around 10:30pm, then drive back to Highcliffe with an estimated arrival time of 00:30am. Again, this is dependent on traffic.

The total cost of the trip is £70.00, this includes minibus transport to London, a travelcard to travel into central London, and the theatre ticket. Payment should be made using the school's on-line Wisepay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment. This will be a valuable experience, which I am sure your child will find of great benefit.

To confirm that you give permission for your child to take part, please complete the attached reply slip, payment and medical form and return to myself by **Monday 20<sup>th</sup> November 2023**.

If you have any questions, please do not hesitate to contact myself (ribrown@highcliffeschool.com) or Stephen James (spjames@highcliffeschool.com) and we will endeavour to respond as quickly as possible.

Yours faithfully,



Mr Richard Brown  
English Teacher



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO .....

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
The purpose of this form is to obtain your consent for your child to take part in the proposed event.	
DATA PROTECTION	
Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.	
DETAILS OF PROPOSED EVENT	
Event: King Lear Trip 23 <sup>rd</sup> November 2023	
Additional information:	
ACKNOWLEDGEMENT OF RISK	
This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.	
STUDENT'S DETAILS	
Full name:	
Home address:	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
Surname:	Surname:
Forename:	Forename:
Home address (inc postcode):	Home address (inc postcode):
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Relationship to student:	Relationship to student:
GP name:	GP surgery address (inc postcode):
Surgery telephone number:	



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO .....

**STUDENT'S MEDICAL INFORMATION**Please provide detail of all medical conditions and illnesses and any treatments required to maintain health.  
This information helps us to keep your son/daughter safe

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, eg material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO

If the answer to any of these questions is YES, please give details:

**TRIP PAYMENT**

All trip payments are to be made using the school's online Wisepay facility

I have paid using Wisepay and my reference number is ..... YES / NO

**CONSENT DECLARATION**

I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event. YES / NO

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip. YES / NO

I give consent for my child to be photographed during the event and for these photographs to be used in school media. YES / NO

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser. YES / NO

**COVID-19 GUIDANCE**

In the event that your child begins to show symptoms of Covid-19 or tests positive for Covid-19 prior to the trip date or on the morning of the trip you must inform the school in line with our school policy and accept your child may not be able to attend the trip and may still be charged.

Please note that the venue you are travelling to may have their own policy regarding Covid-19 safety measures which your child will need to adhere to whilst on the school trip. The teacher will ensure that all students are aware of what these measures are before entering any venues.

**TRAVEL INSURANCE**If you have any medical concerns that may impact on your child ability to travel, please refer to our medical/travel insurance guidelines on the following link <https://highcliffe.school/l/TravellInsurance>

Signature:

Print name:

Date: