

Headteacher: Deputy Headteacher: Vickie Beeby Assistant Headteacher: Claire Corker Assistant Headteacher: Ameet Lakhani Assistant Headteacher: Alex Coulstock

Jonathan Mellor

Bridge Street, Loughborough, Leicestershire, LE11 1NH

Telephone: E-mail: Website:

01509 263444 office@limehurst.org.uk www.limehurst.org.uk

6th September 2019

Dear Parent/Carer

As part of the OCR specification for GCSE Drama, students are required to write an evaluation of a live performance in their final exam, worth 40% of the GCSE. I have therefore organised an exciting opportunity for students to watch a performance of West Side Story which will take place on Thursday 28th November at Curve Theatre. There will also be pre-show discussion with the creative team to help students to answer Section B of their written exam.

We will leave Limehurst at 10:30am and arrive back by 5:30pm, depending on traffic. Students will need to bring a packed lunch with them, those entitled to free school meals will have a packed lunch provided.

The total cost of the trip will be £17.00 which includes the discussion and performance, and I am confident that this will thoroughly prepare students for their GCSE examination.

Your sincerely

Miss L Johnson **Teacher of Performing Arts**





CONSENT / MEDICAL INFORMATION

Name of Child:	: Form:	
Event:	Performance of West Side Story at Curve Theatre	
Date:	Thursday 28 th November	
Time:	10:30am – 5:30pm depending	
My child is entitled to Free School Meals		
I give consent for my child to attend the West Side Story performance at Curve Theatre on Thursday 28 th November with the payment of £17.00.		
Signed:		Date:
by the person with legal responsibility for the child		
Medical Information		
1) Does yo	our child suffer from any conditions requiring me	dical treatment, including medication?
		YES / NO – if YES then please
give details.		
2) Is your give details.	child allergic to any medication?	YES / NO – if YES then please
3) Has you	ur child had a tetanus injection in the last five yea	ars? YES / NO
Declaration		
In the event of an emergency, I agree to my child receiving any emergency medical treatment, including anaesthetic, which is considered necessary by the medical authorities present.		
	nt of an emergency I can be conta 	acted on the following number:
Alternatively, if I am not available please contact:		
Name:		
Tel No:		