

Dear Parent/Carer

Re: Yr7 Halloween Disco

Date: Thursday 19th October 2017

As part of our continued enrichment programme for Year 7, we would like to invite your son/daughter to a Halloween Disco on Thursday 19th October from 6pm-8.30pm in the West Hall. There will be snacks/drinks provided. This event will **NOT** be fancy dress.

The aims of the disco are to celebrate and encourage:

- A cohesive community within Year 7
- Developing student teacher working relationships

We will have sole use of the West Hall. Students will be able to receive snacks and drinks from Café 54 as some treats will be provided by the academy. There will also be games and activities on offer for our students to participate in.

Students should be dropped off and collected at the Academy main reception and students will be signed in, parents will need to come into reception to collect their children. The cost of the disco will be £3 per student. The deadline for payments is Tuesday 17th October 2017.

On the attached permission slip, please can you list the person that is collecting your child. Also any medical conditions/ food allergies etc.

We would like to make the disco as enjoyable as possible so students will have the opportunity in their Learning Tutor groups to request songs for the evening.

If you have any further questions or concerns, please do not hesitate to contact me.
Yours faithfully

Chris Kemp
Year 7 Progress Leader

Principal: Mrs C Franceschi BA (HONS), NPQH

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CONSENT OF PARENT/GUARDIAN FOR YOUNG PERSON'S PARTICIPATION IN ORGANISED EVENT

Event: Year 7 Halloween Disco

On: Thursday 19th October 2017

..... (Full Name of student)

1. I understand that the payment or any part of it may not be returnable unless:
The academy cancels the event for any reason and some money remains after meeting all expenses and commitments.
2. I accept that my child must comply with academy attendance and behavior, policies and if they are withdrawn from the event at any time prior to the event taking place on grounds of poor behavior, or attendance, I may not receive a refund if monies have already been paid to a third party provider in compliance with their terms and conditions.
3. I also agree to members of staff during the course of the event to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. **I set out below any medical condition from which my child is suffering, together** with details of the treatment required.
4. I also attach details of special dietary requirements due to medical, religious or moral reasons.
5. I agree/disagree to my child being photographed and the photos being displayed on the school website, notice board or into the local press or Mark Hall Newsletter

Signed: (Parent/Carer)	
Full name of Student:	
Emergency Contact Number:	

MEDICAL DETAILS WE OUGHT TO KNOW and SPECIAL DIET REQUIREMENTS?

My child is registered with Mark Hall Academy for Free School Meals: *YES/NO (delete as necessary)