

27th January 2019

Dear Parent/Guardian,

I write to inform you of another fantastic opportunity for our dance students and those interested in dance. With your permission, I would like them to join me at;

'Move it!' The UK's biggest Dance Event

Move it-The UK's biggest Dance Event at EXCEL, London. Saturday 9th March 2019. 10am start. Students would need to meet at EXCEL, London at 10am, at the show entrance door. Students would need to be collected from EXCEL, London at approximately 5pm, at the show exit door. Tickets cost £18.

Students should bring snacks, drinks and some small change. Students should come dressed to dance.

Students can, if they wish, sign up to one of the various workshops on offer online but must advise us beforehand.

In order for your child to be able to attend and participate at this event, the following form must be completed.

Name of child	
Male/Female	
Address (including postcode)	
Date of birth	
Does your child have: (answer yes or no)	If yes please provide details including any treatment or medication:
Free School meals	
Asthma	
Any allergies	
Any skin conditions	
Hearing impairment	
Visual impairment	
Any learning disability	
Any physical disability	
Any medical conditions?	
Taking any regular medication(s)?	
Been to see or had a referral to a hospital consultant in the last 6 months?	
I confirm that I have parental responsibility for this child.	Signature of parent:
	Print Name:
Parents Email Address	
Parents Telephone No.	
Date:	

I/we confirm that my/our child is fit and his/her health will not suffer by watching these performances. I/we undertake to inform you of any material change to my/our child's health.

Yours sincerely
Victoria Butler
 Vice Principal

CONSENT OF PARENT OR GUARDIAN FOR YOUNG PERSON'S PARTICIPATION IN ORGANISED EDUCATION/RECREATIONAL VISIT

Re: Planned trip to:

Date:

I apply to you for a place on this visit, the details of which have been received and noted by me, for my son/daughter/ward

..... (Full Name of student)

1. **a.** I understand that there may be limited places available and that a reserve list will be implemented if the visit is over-subscribed.
 b. To pay the balance of monies owed for the trip to you on time according to the deadlines outlined in your letter

2. **I understand that the payment or any part of it may not be returnable unless:**
 - a.** I cancel the place before you incur any expenses or enter into any commitments, or
 - b.** The academy cancels the visit for any reason and some money remains after meeting all expenses and commitments.

3. I accept that my child must comply with academy attendance and behavior, policies and if they are withdrawn from the visit at any time prior to the trip 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.

4. I also agree to members of staff during the course of the visit 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.

5. I also attach details of special dietary requirements due to medical, religious or moral reasons.

6. I understand and accept that the activities in this visit will involve an element of risk. I agree and consent to my child taking part in the activities which have previously been explained to me.

7. ***I agree/disagree*** to my child being photographed and the photos being displayed on the school website, notice board, in the local press or Mark Hall Newsletter and Twitter feed.

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)