



Headteacher: Mr. M. Smallwood

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Foundation Trust Grammar School

20 September 2010

Dear Parent/Carer,

The English Department is organising a trip to see 'An Inspector Calls' at the Altrincham Garrick Theatre on Wednesday 19 January 2011. The play is a set text for the Literature GCSE.

We are expecting to leave school at approximately 6.30pm and return at approximately 10.00pm. Transport will be provided by Coachfinder Ltd.

Students may wish to bring a small amount of money on the night for refreshments and a programme. There will be one 20 minute interval.

The school is asking for a voluntary contribution of £15.60 to cover the costs involved. These costs include theatre ticket, transport and Insurance. Payments are to be made via ParentPay or PayPoint by 1 October 2010.

As we have only be able to reserve a limited number of seats, allocation on the trip will be on a first come first served basis. Students must ensure that they hand their reply slips to Miss Collinge by Tuesday 28th September. Your son/daughter will subsequently receive a slip confirming their place on the trip, and we will then update your ParentPay account so that you can make payment.

Please see the back of this letter for details regarding voluntary contributions and other important information relating to school visits.

If you wish your son/daughter to participate in the above activity please complete the attached reply slip and return it to Miss S Collinge by 28th September 2010.

Yours sincerely,

Miss S Collinge
Head of English

Mrs A McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO Miss Collinge by Tuesday 28th September 2010.

Visit to An Inspector Calls – Altrincham Garrick Theatre on Wednesday 19 January 2011.

STUDENT NAME: _____ **FORM:** _____

I/We give permission for our son/daughter to participate in the above trip/activity.

I/We will make the voluntary contribution of £15.60 via ParentPay or PayPoint once our son/daughter's place has been confirmed on the trip.

EMERGENCY CONTACT DETAILS

Please provide contact details below:

CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____

CONTACT NUMBER/S: _____

MEDICAL INFORMATION

Please detail any medical conditions/medication that your child has/is taking.

DISCOUNTS/REFUNDS

On some recent visits we have received unexpected discounts from venues etc after students have made payment/participated in the visit.

If you are due a refund greater than £2 we will refund this money to you.

If you made your original payment via PayPoint please detail below who you require the cheque to be made payable to:

CHEQUE TO BE MADE PAYABLE TO:

Signed _____ Date: _____
(Parent/Carer)