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January 2012

Dear Parent/Carer

In support of the schools Psychology course we would very much like to take your son/daughter to see Derren Brown at the Lowry Theatre on Monday 5<sup>th</sup> March 2012.

On this occasion students will be expected to meet at the Lowry Theatre by 7.00pm for the performance which starts at 7.30pm. The production has an approximate running time of two and a half hours and students should be leaving the Theatre by approximately 10.30pm.

The cost of the visit is £35.10 and the expectation by the school is that you will make full contribution, however if you are unable to fully contribute you are invited to contact the Business Manager in confidence. Payments are to be made using ParentPay or PayPoint, and need to be made by Wednesday 11<sup>th</sup> January 2012.

If you wish your son/daughter to participate in the above activity please complete the attached reply slip and return it to Miss Alker by Wednesday 11<sup>th</sup> January 2012.

Yours sincerely

**Miss A Alker**  
Trip organiser

**Mrs A McPartland**  
Business Manager

**REPLY SLIP:- PLEASE RETURN TO Miss Alker by Wednesday 11<sup>th</sup> January.**

Visit to Derren Brown, Lowry Theatre on 5<sup>th</sup> March 2012.

**STUDENT NAME:** \_\_\_\_\_ **FORM:** \_\_\_\_\_

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

**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)