



The Ripley Academy and Sixth Form

Executive Headteacher: Mrs H Frost-Briggs BA (Hons)



We are **AMBITIOUS**. We are **COMMITTED**. We are **PROUD**.

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Head of School: **Mr J de Rijk** BA (Hons)
Deputy Headteacher: **Mrs J Thawley** BSc (Hons)
Deputy Headteacher: **Mr M Kirkland** BSc (Hons)
Assistant Headteacher: **Mr S Kingsland** BSc (Hons)

28th September 2022

Dear Parent/Carer,

Year 11 Visit to Theatre Royal and Royal Concert Hall Nottingham

As you are aware your child is studying *An Inspector Calls* for their GCSE Literature examination. As such, we believe it would be useful for your child to watch the performance to see this as a performative product which in turn will help with their GCSE examinations.

An Inspector Calls will be performed on Wednesday 18th January 2023 at the Theatre Royal and Royal Concert Hall in Nottingham. It is an evening performance which will start at 7.30pm and will finish around 9.30pm.

The cost of this performance will be **£21.00** (via ParentPay) which includes entrance to the performance and travel costs to and from the venue. Students will be picked up by coach from The Ripley Academy at 6.30pm and collected from the Theatre Royal in Nottingham at 9:45pm. Students will arrive back at The Ripley Academy around 10.15pm. Students are required to wear school uniform and may wish to bring cash to purchase a drink/snack from the venue.

Please could parents / carers make arrangements for the safe return of your child from school at 10.15pm.

If you consent to your child attending this performance, please complete the reply slip at the bottom of this page along with the parental consent form attached and return it to Main Reception by Monday 12th December.

I would like to thank you for your continued support.

Yours faithfully

C Mitchell

Miss C L Mitchell
English Teacher

Return to Main Reception – FAO Miss C L Mitchell by Monday 12th December.

Name of child: **Form:**

I consent to my child attending the performance of *An Inspector Calls* on Wednesday 18th January at The Theatre Royal in Nottingham.

I understand that it is my responsibility to ensure the safe journey home of my child following their return to school after the performance.

Please note that **£21.00** must be paid via Parent Pay in order to confirm your child's place.

Signed: Date:

Relationship to child:

The Ripley Academy, Peasehill, Ripley, Derbyshire, DE5 3JQ



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THE RIPLEY ACADEMY
PARENTAL CONSENT FOR AN OFF-SITE VISIT



Name of Child: _____ Date of Birth: _____

Visit to: **Nottingham Theatre Royal, Royal Concert Hall**

From 18/01/2023 Date/Time: 6.30pm To: 18/01/2023 Date/Time: 10.15pm

1. I agree to _____ (name) taking part in this visit and have read the information provided. I agree to _____ 's participation in the activities described, I acknowledge the need for my child to behave responsibly.

I confirm my child is in good health and I consider him/her fit to participate YES/NO

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication? Yes No

Please give brief details of the condition below:
If your child requires medication, a medical consent form must also be completed.

(b) Please outline any special dietary requirements of your child:

(d) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? Yes No

If YES, please give brief details: _____

(e) Is your child allergic to any medication? Yes No

If YES, please give brief details: _____

(f) When was the last time your child received a tetanus injection?

Please ensure that the Declaration and contact details are fully completed.

THE RIPLEY ACADEMY

Name of family Doctor: _____ Telephone number: _____

Address: _____

Parent/carer contact information:

3. Mobile telephone number: _____ Home telephone number: _____

Home address: _____

If I am not available at the above, please contact:

Name: _____ Telephone number: _____

Relationship to child: _____

Address: _____

4.

Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Visit Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I understand that my child may be videoed or photographed to promote the activity at the school. I give consent for video and photographs to be taken of my child. I also understand these might be used promotional purposes. Yes No

I understand that I am responsible for the safe collection of my child to and from school and also for ensuring my child is collected by 10.30pm on Wednesday 18th January 2023.

Signed: _____ Date: _____

Full name (capitals): _____

**This form or a copy must be taken by the Visit Leader on the visit.
A copy should be retained by the home contact**

Please ensure that the Declaration and contact details are fully completed.