

WESTCLIFF HIGH SCHOOL FOR GIRLS

An Academy Grammar School
Headteacher: Dr Paul Hayman BSc



Kenilworth Gardens, Westcliff-on-Sea, Essex, SS0 0BS

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September 2017



Dear Parent/Carer

In preparation for the Component 3 Drama Exam, your daughter/son is invited to attend a trip to see Kneehigh's production of 'The Tin Drum' at Shoreditch Town Hall, London on **Friday 8th December 2017**. Students will study this production in lessons and will write about it in their final A Level exam. Thus, if students do not attend this trip, we strongly advise that they see it in their own time.



This is an extra-curricular trip and, should you wish your daughter/son to attend, a payment of **£38.50** is required which covers the cost of the theatre ticket, transport and insurance. **Payment must be made by Monday 18th September 2017. After this date, tickets can no longer be reserved and your child will not be able to obtain a ticket.** We will be travelling to the venue by coach, leaving school at **3.30pm** and arriving back to the school at approximately **11.00pm**. Please pay for this trip using ParentPay. If you have any problems making payment please telephone Mrs Hine on 01702 476026 to make payment over the telephone.



Please also return the permission slip below; if it is not received then your daughter/son will be unable to attend the trip.



We look forward to an excellent evening at the theatre.

Yours sincerely

Miss R Collins
Head of Drama



Return to box outside school office

WESTCLIFF HIGH SCHOOL FOR GIRLS
THE TIN DRUM, SHOREDITCH TOWN HALL, 8th DECEMBER 2017



I give permission for my daughter/son _____ of Form _____ to attend the trip to see 'The Tin Drum' at the Shoreditch Town Hall on **Friday 8th December 2017**.



I will collect my daughter/son on her/his return to WHSG,

My daughter/son will be collected by another parent on her/his return to WHSG.



Other arrangements – please specify _____

"Supporting Excellence in Education"



Mobile Phone Number of Student: _____

Signed _____
(Parent/Carer)

Date _____ **SEAT**

