



# 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 1 Drama coursework, your daughter/son is invited to attend a trip to see Frantic Assembly's 'Othello' at the Ambassadors Theatre, London on **Tuesday 3<sup>rd</sup> October 2017**. The theatre company have modernised the production and students will write about the piece in their coursework, which is worth 40% of their overall A Level.

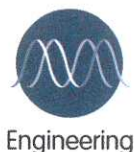


This is an extra-curricular trip and should you wish your daughter/son to attend, a payment of **£37.50** is required which covers the cost of the theatre ticket, transport and insurance. **Payment must be made by Monday 11<sup>th</sup> September 2017. After this date, tickets can no longer be reserved 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 OTHELLO, AMBASSADORS THEATRE, 3<sup>rd</sup> OCTOBER 2017

I give permission for my daughter/son \_\_\_\_\_ of Form \_\_\_\_\_ to attend the trip to see 'Othello' at the Ambassadors Theatre on **Tuesday 3<sup>rd</sup> October 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  
\_\_\_\_\_

Mobile Phone Number of Student: \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent/Carer)

Date \_\_\_\_\_

# SEAT

