

3rd November 2022

Dear Parents/Carers,

Bournemouth Symphony Orchestra – Friday 20th January 2023

Next year, our year 6 children have been given the wonderful opportunity to watch the Bournemouth Symphony Orchestra at The Great Hall, at the University of Exeter. The Bournemouth Symphony Orchestra strives to be the model of a 21st Century orchestra, enhancing lives through the power of music.

Leading up to the trip, the children will be learning various parts to the songs using Makaton and body percussion which will ensure that they are able to participate during the concert.

We will travel to the University of Exeter by coach on Friday 20th January at 1.30pm. Our coach will be returning to school later than the usual collection time, and we are aiming to be back at the Dartington shops car park for 4:15pm.

To ensure we have the correct numbers in regard to ordering tickets, and for the payment of the coach, it is important that we have your permission slips returned no later than Friday 2nd December. As we approach the end of term, it can be rather busy with other events, so it is important that we have final numbers by then.

To enable the trip to go ahead, we are asking for a voluntary contribution of **£9.50 per child** to cover the cost of the coach, the event itself is free. If we do not collect sufficient voluntary contributions, the visit may be unable to take place.

Please ensure that your child brings the following items with them:

- Sturdy comfortable shoes
- A water bottle
- Wet weather gear (coat, wellies, etc.) if it is raining

Please complete and return the slip below and the S0E3 attached. Payments can be made via the MCAS. Please complete the paperwork and return to the school office by **Friday 2nd December.**

If you have any questions or would like any more information, please speak to Miss Humphries or the school office.

Yours sincerely,

Mrs C Huish Head Teacher



Dartington C of E Academy Shinners Bridge, Dartington, Totnes Devon, TQ9 6JU T: 01803 862357 E: dartington@lapsw.org W: dartington-lap.co.uk





Learning Academy Partnership Registered Office: Suite 4 Zealley House, Greenhill Way, Kingsteignton, Newton Abbot, TQ12 3SB Company number: 07713540



Bournemouth Symphony Orchestra

Friday 20th January 2023

| Child's Name | |
|--------------|------|
| Class | |

I give permission for my child to attend the trip.

I have paid £9.50 via the MCAS app.

If there is a small profit, which we do not anticipate, of less than £2 per child I am happy for this to remain in the school budget.



FORM SOE3: PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

DEAR PARENT OR GUARDIAN

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

Dartington Primary School

Visit or activity – Bournemouth Symphony Orchestra

Dates and times – Friday 20th January 2023

Name of child

Date of birth

Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?)

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements?

Do you have any additional comments?



Swimming ability (for water based activities) NB There will be no water based activities

Is your child able to swim 50 metres? YES / NO

Is your child water confident for the proposed activity? YES / NO

- 1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
- 2. I consent to any emergency medical treatment required by my child during the course of the visit.
- 3. I confirm that my child is in good health and I consider him/her fit to participate.
- 4. I am happy for my personal contact details to be given to the facilitator and used in an emergency outside of the School office hours.

| Signature of parent or guardian | Date |
|---------------------------------|------|
|---------------------------------|------|

Name of parent or guardian

Address

Telephone number

Mobile:..... Work:

Name of family doctor

Approximate date of last tetanus injection: