**AUB Dance Workshop Trip**

Dear Parent/Carer,

The Dance department has organised a **free** dance workshop for Year 9 and 10 students which will take place at the brand new Dance Studio at the Arts University, Bournemouth. This is an excellent opportunity for students to experience working with dance lectures from the University.

The trip will take place on **Wednesday 14 December 2016** and your child will need to bring their dance kit to school. Your child will travel to the venue by coach at 10:00am and will return to the Academy at 13:00pm.

There are only 20 spaces available for this trip therefore places will be reserved on a first come first serve basis. Please return reply slips and medical forms as soon as possible to Miss Martin, Subject Leader for Dance.

This is an excellent opportunity for our students to experience and enrich their skills and understanding of the dance industry.

Yours sincerely

Miss F Martin

Subject Leader of Dance

Reply Slip- Year 9 and 10 Dance Trip- AUB Dance Workshop

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] My child will be attending: AUB Dance Workshop.

I am aware that my child will need to meet staff at 10:00am at The Bourne Academy reception and will travel to the venue by coach. My child will return to the Academy at 13:00pm.

**During this event The Bourne Academy will be taking pictures and filming the showcase, if you do not give media permission for your child please tick the box**

Address and emergency contact number for the duration of this trip

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I confirm that my child is in good health? YES/NO

Please state any medication your child is receiving

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In the event of illness or an accident, I consent to any necessary medical treatment, which might include the use of anaesthetics? I understand that it is my responsibility and the responsibility of my son/daughter to carry and administer any known prescribed medication **YES/NO**

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I confirm that I am the person with parental responsibility.

Signed……………………………………….Date:……………………………