**AUB Dance Performance Trip**

Dear Parent/Carer,

The Dance Department has organised **a free** dance trip for Year 8 and 9 students to see a Dance performance by 2nd Year Dance Students from the Arts University Bournemouth at Pavilion Dance, Bournemouth. This is an excellent opportunity for students to see contemporary dance performed live.

The trip will take place on **Thursday 8 December 2016**. The performance will commence at 14:00pm. Your child will travel to the venue by coach at 13:15pm and will return to the Academy at 15:45pm.

There are only 25 tickets available for this performance 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 Dance and the performing arts.

Yours sincerely

Miss F Martin

Subject Leader of Dance

Reply Slip- Year 8 and 9 Dance Trip- AUB Dance Performance

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

[ ] My child will be attending: AUB Dance Performance at the Pavilion Dance.

I am aware that my child will need to meet staff at 13:15pm at The Bourne Academy reception and will travel to the venue by coach. My child needs to be collect from The Bourne Academy at 15:45pm approx.

I will be collecting my child from The Bourne Academy at 15:45pm YES/NO

If no, can you please state how your child will be getting home.

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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:……………………………