



Malbank School and Sixth Form College



A Specialist College for the Arts, promoting excellence throughout the curriculum

Malbank English Dept: Visit Thursday 4th October 2018

- **What?** Shakespeare's *Macbeth*
- **Where?** Lowry Theatre, Salford Quays
- **When?** Thursday 4th October 2018
- **Who?** Students starting year 11 in September 2018.
- **Why?** The play is a set text for the AQA GCSE Literature exam (Paper 1). All students in Year 10 will study this play.
- **Cost?** Theatre visit (only 40 places available): £25 (**payable by ParentPay only – see below**)

Dear Parent/Carer,

As part of our commitment to extra-curricular opportunities, we have been fortunate enough to book a group visit to the touring edition of the National Theatre's very successful production of Shakespeare's *Macbeth*. This is the set Shakespeare text for all our students and seeing the play in the theatre is a fantastic experience. The production stars two of Britain's finest Shakespearean actors: Rory Kinnear and Anne-Marie Duff.

Please be aware that we can only take 40 students to the theatre as that was the maximum group booking size that was available to us, and this is likely to be a popular visit. Places will be allocated on a first-come, first-served basis. We are aware that you may have just paid for an Enrichment Day activity, and that your child may also wish to attend the *Blood Brothers* visit in October. With this in mind, ParentPay will be set up for you to pay in instalments with a minimum deposit of £5, with the balance due by the 25th September 2018. If you don't have access to ParentPay your child should visit the Finance Office in school, where they can collect a letter regarding alternative payment methods. If your child is eligible for Pupil Premium funding, or if you have other financial concerns, please contact me as we may be able to offer a reduced rate.

If you have any questions please don't hesitate to get in touch with me at school: pcb@malbank.cheshire.sch.uk.

If you would like your son/daughter to take part in this trip please fill in the attached C form and return to the English Office ASAP. **The payment of £25 must be paid via Parent Pay, which will be open for payments on Monday 2nd July.** If your child is given a place on the trip a full itinerary and emergency arrangements will be sent home prior to the visit.

Regards,

Craig Batty (Assistant Curriculum Leader, English Department)



Headteacher: Jeannette E. Walker B.A.(Hons.) NPQH

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MACBETH LOWRY THEATRE

Name: _____

Form: _____

FORM 'C'

CHESHIRE EAST COUNCIL/MALBANK SCHOOL

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with information sheet giving full details of the visit

Establishment/Group: MALBANK SCHOOL AND SIXTH FORM COLLEGE

Details of Visit to: LOWRY THEATRE - MACBETH

Date: 04/10/18 16:00-23:00 (approx.)

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

c) Any recent illness or accident staff should be aware of?

d) The type of pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only

e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO
If YES, please give brief details:

f) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

MACBETH LOWRY THEATRE

g) When did your son/daughter last have a tetanus injection:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? YES / NO

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT