

Thursday, 9<sup>th</sup> October 2025

Dear Parent/Carer,

**Years 10 and 12 trip to 'Lost Atoms' at The Belgrade Theatre - Tuesday 21st October: 6pm**

In order to support your child's studies within Performing Arts, we have arranged a trip to see 'Lost Atoms' at The Belgrade Theatre, Coventry on Tuesday 21st October. This is a Frantic Assembly production who are a set practitioner for GCSE Dance and A-Level Drama. This is a fantastic opportunity for our students to experience live professional theatre and see Intentional Excellence in action.

<b>Transport</b>	We have a limited number of seats available on the school minibus. Please indicate on the attached form whether you would like a space on the bus, or if you will be making your own travel arrangements to and from the Belgrade Theatre
<b>Departure from Grace Academy</b>	The Minibus will be departing Grace Academy at 6pm  We will be meeting as a group at the Belgrade Theatre at 6:30pm
<b>Arrival back to Grace Academy</b>	The show will finish at 10pm.  If your child is returning via the minibus, your child will return to Grace Academy for approximately 10:30pm. It is your responsibility to arrange your child's transport home from school.
<b>Uniform</b>	Your child can wear their own clothes for this trip
<b>Cost</b>	The cost of this trip is £15 to cover the ticket price which can be paid via ParentPay

If you have any questions, please do not hesitate to contact me at: [izzidickinson@graceacademy.org.uk](mailto:izzidickinson@graceacademy.org.uk)

Please complete and return the attached forms no later than **Monday 13th October 2025**.

Yours faithfully,

*I Dickinson*

Miss I Dickinson  
**Head of Performing Arts**



Executive Principal:  
Mrs N Whiles

Associate Principal:  
Mrs E Wheller



**Years 10 and 12 trip to 'Lost Atoms' at The Belgrade Theatre - Tuesday 21st October: 6pm**

**Please complete and return the slip below no later than Monday 13<sup>th</sup> October 2025**

Name of Student \_\_\_\_\_

*Please tick as appropriate*

**I give my permission for the above-named student to attend the above trip**

**I would like to reserve a seat for my child on the school minibus**

**I will arrange transport for my child to and from Belgrade Theatre**

**Signed: \_\_\_\_\_ (parent/carer)**

**Print: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**PARENTAL /CARER CONSENT FORM**

I agree to (student name) \_\_\_\_\_

taking part in the following visit/off-site activity:

**Years 10 and 12 trip to 'Lost Atoms' at The Belgrade Theatre - Tuesday 21st October: 6pm**

Please state any medical history which would be helpful for the visit should the student require treatment:  
e.g. diabetes, asthma

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What medication does the student take: name, dose, frequency and times:

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Note - any medication must be clearly marked with medication name, dose and frequency and sufficient for the trip - it must be handed to the Trip Leader prior to leaving on the visit. The chemist can make up a medication foil for the visit or they can be placed in a dose-box with an information sheet about the medication.

Is the student allergic to any medication, if YES please state:

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When was the student's last tetanus injection: please state date \_\_\_\_\_

State pain/common cold relief medication the student may be given if necessary:

Outline any special dietary requirements of the student:

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<b>Main contact details:</b>	<b>Emergency Contact details:</b>
Name:	Name:
Home address:	Home address:
<u>Contact Numbers</u>	<u>Contact Numbers</u>
Home:	Home:
Mobile:	Mobile:

Family GP Name: \_\_\_\_\_

GP Address: \_\_\_\_\_

\_\_\_\_\_

GP Telephone No: \_\_\_\_\_

\_\_\_\_\_

**Parent/Carer declaration**

I will inform the Trip Leader as soon as possible of any changes in medication, student's health condition or other circumstances not listed above before the start of the journey.

I agree to my child receiving medication as instructed and any emergency dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Full name of parent/carers: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo Consent Form

During the course of the event we may wish to take photographs, either for our own records, for use as part of our learning curriculum or for inclusion in our promotional material, such as the school prospectus and our website.

To comply with General Data Protection Regulation, we must ask for your consent before the school records any images of your child. The table below sets out the various reasons for taking, and making use of, images of your child and we should be grateful if you would indicate whether or not you give consent for use in these circumstances. Your child's name will not be attached to these images.

By indicating 'YES', you are confirming that you consent to your child's personal data being shared for the purposes stated below:

1.	For use on internal school displays	YES/NO
2.	For use as part of projects of work by students	YES/NO
3.	For use on the school's website	YES/NO
4.	For use on the school's Twitter page	YES/NO
5.	For use on the school's Instagram page	YES/NO
6.	For use in the school's Prospectus	YES/NO

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print:** \_\_\_\_\_