

Oak Hill First School

Local Pyramid Concert

Monday 11th May 2018

Dear Parents / Carers

Your child has expressed an interest in participating in the **Pyramid Concert** at **Trinity High School** on **Friday 29th June**. The singing and musical performances will involve children from local First schools, Middle schools and the High school. Please note that there are **limited places left** in the choir and requests will be selected on a first come first served basis. You will be notified by text message if your child will be attending the concert.

On the day, the children will be transported to Trinity High School during the afternoon for a rehearsal. They will be expected to take a packed tea with them so that they can eat their dinner prior to the performance starting at **6:00pm**. Unfortunately there is a limited number of tickets available to watch the performance therefore we will be giving priority to the children who had originally signed up for the choir. However we will notify you should any tickets become available.

We will not be providing transport for a return to school therefore there is an expectation that you will make arrangements for your child to be collected **from Trinity High School** at approximately **7:15pm – 7:30pm**. Please note that your child will only be entered to participate in this event if you can guarantee to make collection arrangements for your child from this venue.

Please ensure that you will inform the school of any changes to your child's medical condition or individual needs, agreement to medical treatment and any changes to emergency contact numbers by **Thursday 28th June**.

If you have any questions, then please do not hesitate to contact me.

Many thanks

Miss Hannah Card (Music Co-ordinator)



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Name of child _____

Class _____

This is to acknowledge that I give consent for my child to participate in the Trinity Pyramid Concert.

Person who will be collecting my child Trinity High School: _____
(at approximately 7:15 - 7:30pm on Friday 29th June)

Their contact number is: _____

My emergency contact number is: _____

I will inform the school of any changes to my child's medical condition or individual needs, agreement to medical treatment and any changes to emergency contact numbers.

I give consent for Trinity High School to publish photographs or video clips of my child on their school website and school YouTube channel.

Do

Do not

Parent/Carer Signature _____

Date _____