



# Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Tuesday 14<sup>th</sup> October 2025

Dear Parents/Carers

There is an opportunity for 40 children from years 5 and 6 to experience a trip to the theatre. We have booked to see a production of 'Cinderella' at the Old Rep Theatre on **Wednesday 3<sup>rd</sup> December 2025**.

The cost is **£25** which includes admission and coach travel to the theatre.

This is an additional trip and is not linked to the Curriculum. However, it will give the children an opportunity to experience the culture of the theatre.



*"This Christmas, get ready for a pantomime packed with fairy magic, dazzling costumes, and jaw-dropping special effects as we bring Cinderella to life in a festive spectacular like no other. Expect outrageous characters, hilarious comedy, and plenty of audience participation in a high-energy show guaranteed to have the whole family laughing, cheering, and shouting "it's behind you!"*

*"Join Cinderella as she dreams of escaping her cruel stepmother and her larger-than-life stepsisters. With a little help from her Fairy Godmother, a sprinkle of sparkling magic, and a carriage ride like no other, she's whisked away to the royal ball. But with the clock ticking, will she make it back before midnight? Will she leave behind the legendary glass slipper? And will good triumph over evil in true pantomime style?"*

*"This isn't just a pantomime - it's a full-blown Christmas experience, filled with magical moments, stunning dance routines, unforgettable songs, and the warmth and wonder that only live theatre can bring. Whether you're young or just young at heart, Cinderella will leave you glowing with festive spirit."*



Theatre tickets can be costly to go as a family, so this gives the children the opportunity to experience a theatre performance at a reduced cost.

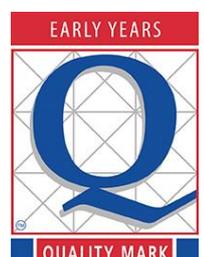
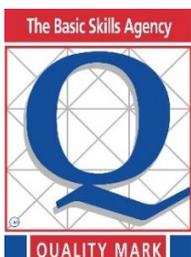
To reserve a place, please pay a £5 deposit on parent pay by Friday 24<sup>th</sup> October 2025 with the balance due by Friday 28<sup>th</sup> November 2025.

Places will be allocated on a first come first served basis.

Yours sincerely

J Bayliss

J Bayliss  
Head Teacher





# SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

(Sept 2024)

**Data Protection Act, 2018**

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

|                 |  |
|-----------------|--|
| School/Group:   | <b>Burnt Tree Primary School</b>   |
| Visit to:       | <b>The Old Rep Theatre</b>   |
| Date and times: | <b>Wednesday 3<sup>rd</sup> December 2025 between 12:00pm and 4:00pm</b> |
| I consent to:   |  |

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

**Medical information about your son/daughter:**

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes  No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes  No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes  No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes  No

If yes please give details:

Has your son/daughter been immunised against tetanus?      Yes       No       Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:       Tel no:

**I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.**

***Emergency Contact Details***

I may be contacted by telephoning one of the following numbers:

Day:       Ev:       Mob:

Home Address:

***Alternative Emergency Contact***

Name:

Relationship:

Tel: Day       Ev:       Mob:

Address:

**Declaration**

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:  (Parent/Guardian)

Print Name:       Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**