



# **BLACK HORSE HILL** **INFANT SCHOOL**

Tel: 0151 625 5238  
Fax: 0151 625 9041  
Email: [schooloffice@blackhorsehill-infant.wirral.sch.uk](mailto:schooloffice@blackhorsehill-infant.wirral.sch.uk)  
Website: [www.blackhorsehillinfant.co.uk](http://www.blackhorsehillinfant.co.uk)

18<sup>th</sup> November 2019

Dear Parents/Carers,

**Year 2 Trip to watch Peter Pan at the Williamson Art Gallery**  
**on Tuesday 3<sup>rd</sup> December**

We hope to captivate the children's imagination and creativity by attending the live performance of Peter Pan. The Altru Theatre Company's performance aims to enhance listening skills and help children to empathise with different character's feelings and actions. We feel that this trip will not only be an exciting and memorable experience but it will also support the children's development of key English skills.

We ask that you bring the children in at 8.50am and collect them at 3.05pm as usual.

**Your child will need to:**

- a. Wear school uniform
- b. Bring a coat and their purple bag as usual

We are sure that this will be a valuable learning experience for the children.

We would be very grateful if you would send a voluntary contribution of £5.50 to enable us to meet the cost of the trip. This will cover the cost of transport and charge of the performance itself. **If we do not receive enough contributions the trip will not be able to go ahead.**

Please return the reply slip and payment by Wednesday 27<sup>th</sup> November 2019.

Yours sincerely,

Mrs J Morris  
Headteacher

## Trip to Peter Pan on 3<sup>rd</sup> December 2019

(Name of pupil).....Class.....  
taking part in the above-mentioned visit and having read the information sheet, agree to  
his/her participation to any or all of the activities described. I acknowledge the need for  
obedience and responsible behaviour on his/her part.

I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my son / daughter / ward receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Wirral Borough Council is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless I have been advised specifically by the organiser.

Accidents may therefore arise for which the Council is not responsible. Parents / Guardians may wish to obtain suitable insurance to cover such eventualities.

Signature of Parent / Guardian .....

Date..... Child's Class.....

Tel. No.....

[illegible]

I enclose a voluntary contribution of £5.50

7

[illegible]