

Mildenhall College Academy

The Hub, Sheldrick Way, Mildenhall, Suffolk. IP28 7JX

Tel: 01638 714645

Email: [MCA-reception@ATTrust.org.uk](mailto:MCA-reception@ATTrust.org.uk)

Principal: Miss N Hood BEd (hons)



**Mildenhall College**  
A C A D E M Y

Dear Parent/Carer

ATT Gala Concert, The Apex

We are delighted to invite your child to take part in a unique musical performance. On the 11<sup>th</sup> July 2023 students from our local ATT schools will perform in the ATT Gala Concert at The Apex, Bury St Edmunds. Individual schools will perform their own musical numbers and then collaborate with the other schools on joint items. This promises to be an amazing night that will truly showcase the considerable musical talent across our academies.

The trip involves rehearsing during the day at The Apex followed by the evening performance at 6pm . Students will travel **by coach**. We will leave MCA/MCA6 at 9am and return by 9.30pm. Students will need to bring a packed lunch, snacks and drinks to cover the duration of the trip. Pizza will be provided for all before the concert, please specify any dietary requirements on the reply slip.

Students will be provided with a Gala concert t-shirt to wear with black (plain, no logos) leggings or long trousers.

Why not come along and watch? tickets are £3 and are available from The Apex (01284 758000) [boxoffice@theapex.co.uk](mailto:boxoffice@theapex.co.uk)

We have received funding from Youth Music for this project and so the academy will fund all transport and insurance to run this trip. If your child is entitled to a free school meal and would like us to provide a packed lunch, please indicate on the return slip

Please ensure that you have completed and returned the reply slip and parental consent form this confirm your child's place.

Should you have any questions about this trip then please contact me via email ([jane.sayer@attrust.org.uk](mailto:jane.sayer@attrust.org.uk)) or by telephone on 01638 714645.

Yours sincerely

Mrs Jane Sayer

Faculty Leader for Music and Drama

#TransformingLives



**Mildenhall College Academy- EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)**

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Mildenhall College Academy

**VISIT(S) TO:** The Apex ATT Gala Concert

**DATE(S) OF VISIT(S):** 11<sup>th</sup> July 2023

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

\_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academy's governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

\_\_\_\_\_

*reply slip*

.....

**Please return to:** Finance Office [I]

**Re: ATT Gala Concert**    **Dates: 11/7/23**                      **Ref: Leave Blank**

Student Name: ..... Tutor Group:.....

I give permission for the named student to attend the above trip.

Signed.....Parent/Carer Dated.....

My child is entitled to a free school meal and would like to be provided with a packed lunch. Yes / No

My child has special dietary requirements Yes / No (please specify)