



Stephenson Trust
Post 16 Centre

Stephenson (MK) Trust Post 16 Centre
Oakwood Drive
Fenny Stratford
MK2 2JQ
Tel: 01908 889410

Email: P16-Reception@stephensontrustpost16centre.org.uk

Tuesday, 17 January 2023

Dear Parent/Carer,

An amazing opportunity has arisen for our students to visit Milton Keynes Theatre on Thursday 19th January 2023 to see Matthew Bourne's ballet, *Sleeping Beauty*, which your child has shown an interest in attending.



Tickets for this show retail at £55 but we have managed to secure tickets at a heavily discounted price. All we ask is that students who would like to attend pay a deposit of £5 to secure their place, by Wednesday 18th January 2023.

The minibus will leave Post 16 at 1:30pm and will return back to Post 16 at around 5:15pm on the day of the trip. Students will need to make travel arrangements for collection from Post 16 at this later time on this day.

If your child would like to attend this trip, please complete the slip below and the attached trip medical/allergy form, and return both to the school with a £5 deposit (if not already paid) by Wednesday 18th January 2023.

Yours faithfully,

Ms C Dehnel
Assistant Principal
Post 16 Centre

Post 16 Milton Keynes Theatre Trip – Matthew Bourne's Sleeping Beauty
January 19th 2023

I hereby give permission for _____ to attend the Post 16 trip to Milton Keynes Theatre on Thursday 19th January 2023 at 1:30pm.

This trip will not arrive back on site at Post16 until 5:15pm and I understand that transport/collection will need to be arranged so that they can make their way home.

Signed Parent/Carer _____

Name: _____

Student Trip Medical & Emergency Details Form



Stephenson Trust
Post 16 Centre

Student Name		Date of Birth	
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MEDICAL INFORMATION

Does your child suffer from any conditions requiring regular daily medication? **YES / NO**

If Yes, please give details including name of medication and dosage – all medication must be clearly labelled, in the original packaging and handed to a member of staff:

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Does your child have any allergies, or are they allergic to any medication? **YES / NO**

If Yes, please give details:

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Does your child have any special dietary need, or any food allergies? **YES / NO**

If Yes, please give details:

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Does your child suffer from travel sickness? **YES / NO**

If Yes, please give details and ensure you provide sufficient medication for the return journey. This must be clearly labelled and in the original packaging.

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CONTACT INFORMATION

Please provide two points of contact that will be available during the trip:

FIRST CONTACT		SECOND CONTACT	
Name		Name	
Relationship to Student		Relationship to Student	
Telephone Number		Telephone Number	

DECLARATION

Parent Name			
Signed		Date	