



# Luton County Junior School

Mrs Jandu  
Head Teacher

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4<sup>th</sup> November 2016

Dear Parent / Carer,

**YEAR 6 VISIT WEDNESDAY 23<sup>RD</sup> NOVEMBER 2016**  
**ROYAL OPERA HOUSE – THE ROYAL BALLET – THE NUTCRACKER**

We have been fortunate to secure tickets a limited number of tickets to a special performance of The Nutcracker at the Royal Opera House; Covent Garden, London the ballet will be performed by The Royal Ballet on Wednesday 23<sup>rd</sup> November 2016.

The **60 tickets** will be offered to years 5 and 6 for a contribution of **£10 per child**, these will be on a strict first come first served basis.

We will be leaving school at approximately 9:00am and returning to school at approximately 6pm. We will be travelling by train so please ensure children wear full school uniform and comfortable walking shoes, and a rain mac/coat depending on the weather. Please provide your child with a packed lunch and drinks to last the whole day. (Children in receipt of free school meals will be provided with a school packed lunch, but will need to bring drinks and snacks). Children may bring a small amount of spending money; this should be in a named envelope/wallet.

Please complete the attached form along with money and return to a member of the year 5 or 6 team. If you have any questions please do not hesitate to contact me.

Thank you in advance.

Davinder Jandu  
Head Teacher

**WEDNESDAY 23<sup>RD</sup> NOVEMBER 2016, ROYAL OPERA HOUSE – THE ROYAL BALLET – THE NUTCRACKER**

I give/do not give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to go to The Nutcracker at the Royal Opera House London on Wednesday 23<sup>rd</sup> November 2016.

I understand this is on a first come first served basis and I agree to pay the contribution of **£10**.

Please let us know if your child suffers from any serious illness e.g. asthma that we need to be aware of

\_\_\_\_\_

I give consent to the teacher in charge on my behalf giving consent for an anesthetic to be administered or for any other urgent medical treatment in the case of an emergency.

Contact No.: \_\_\_\_\_ Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

