

MSM/TR

17 October 2024

Dear Parent/Carer

Joseph and the Amazing Technicoloured Dreamcoat - Sunderland Empire Theatre

As you will be aware your child is part of the school production of Joseph and the Amazing Technicoloured Dreamcoat. With this in mind, we would like to give them the opportunity to also see a live performance of the show. The show will take place at the Sunderland Empire Theatre on **Wednesday**, **15**th **January 2025**.

Students will be transported by coach, leaving the Academy at 11.00 am, for the matinee performance. The performance will finish at 4.30 pm and the coach will return to the academy at approximately 6.30 pm. Students will need to be collected from the academy at this time. If you wish for your child to make their own way home, please ensure you complete the permission slip attached.

We ask that students pay a contribution of £34, this is to cover the cost of staffing, the ticket and transport to the venue. However, if we do not receive enough participants or contributions unfortunately the trip will not be able to go ahead. Payment must be paid via Parent Pay.

To secure the tickets we ask that contributions are received no later than, **Friday**, **7**th **September**. Unfortunately, we are unable to offer an extension on the deadline date due to various external factors, but please do get in touch if you'd like to enquire about financial support.

If you would like your child to attend the trip, please complete the slip attached and return it to Miss Smith, Mrs Robinson or Miss Cuthbert in the performing arts department.

Yours sincerely

M Smith

Miss M Smith Teacher of Performing Arts



Permission slip – Please return to the Performing Arts Department	
Joseph and the Amazing Technicoloured Dreamcoat – Sunderland Empire Theatre	
I give permission for my child: to attend the Amazing Technicolour Dreamcoat at the Sunderland Empire Theatre on We 2025.	
I confirm I will contribute £34.00 via Parent Pay.	
*My child will make their own way home after the performance.	
*My child will be collected from the academy.	
I confirm that medical and contact information are as currently held by school.	
Signed Parent/ Carer:	Date:

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*Please delete where applicable