

Ref: KH/SAS/LS/Pantomime Trip  
13<sup>th</sup> November 2024



Barr Beacon School  
[www.barrbeaconschool.co.uk](http://www.barrbeaconschool.co.uk)

**Pantomime Production**  
**Beauty and the Beast**

Dear Parent/Carer,

We would like to invite your child to visit the Wolverhampton Grand Theatre for a Pantomime Production of Beauty and the Beast on **Wednesday 4th December 2024**.

Pupils will attend a matinee show, starting at 2:30pm. Students will travel from school by coach, departing at 1:30pm. Students will arrive back at school at approximately 6:30pm. They will be accompanied on this trip by members of Barr Beacon School staff.

The total cost of the trip is £21.20, including the theatre ticket and coach travel. This must be paid on Weduc not later than Wednesday 20<sup>th</sup> November 2024.

Please confirm that you would like your child to attend this trip, and how they will make their onward journey home from school in the evening, by completing the reply slip below and returning this to Pupil Services Reception by Wednesday 20<sup>th</sup> November 2024.

If you have any queries, please contact [postbox@barrbeaconschool.co.uk](mailto:postbox@barrbeaconschool.co.uk).

Yours sincerely,

Mrs K Hibbs  
Headteacher



Barr Beacon School  
Old Hall Lane  
Aldridge, Walsall  
West Midlands  
WS9 0RF



**Matrix**  
**Academy Trust**  
EDUCATION WITHOUT EXCEPTION

0121 366 6600



Barr Beacon School



@barrbeacon.school



[postbox@barrbeaconschool.co.uk](mailto:postbox@barrbeaconschool.co.uk)

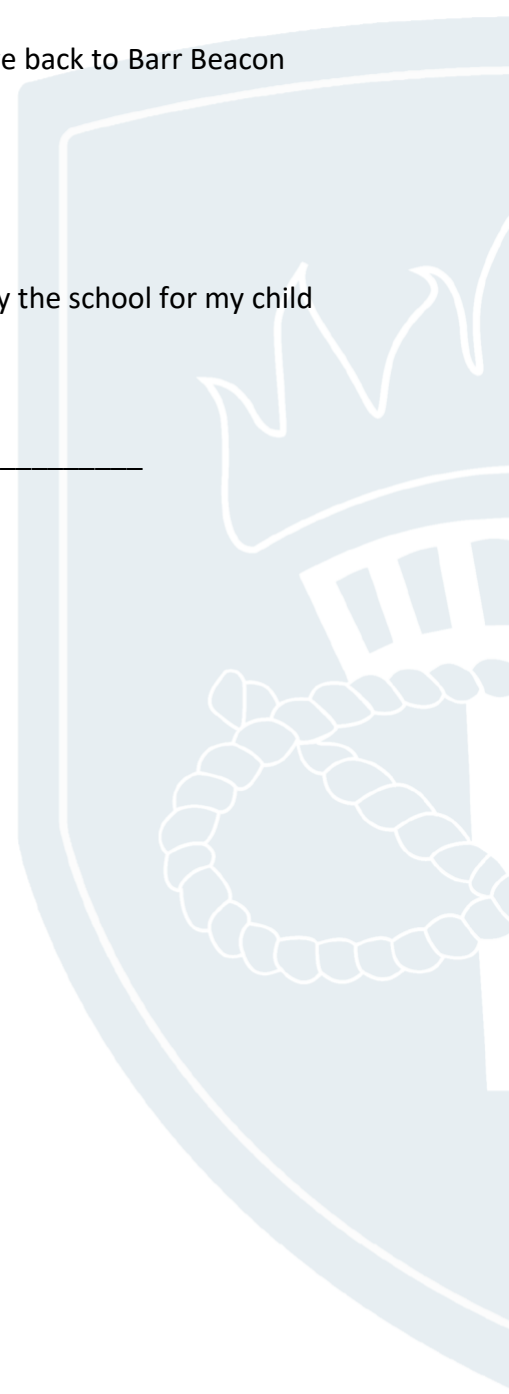


**Pantomime Production Beauty and the Beast**  
**Wednesday 4<sup>th</sup> December 2024**

Pupil Name: \_\_\_\_\_ Form: \_\_\_\_\_

- I give consent for my child to visit Wolverhampton Grand Theatre to watch the Pantomime Production of Beauty and the Beast on Wednesday 4<sup>th</sup> December 2024.
- I have paid £21.20 via Weduc for the trip.
- I agree to my child travelling by coach and that they will arrive back to Barr Beacon School at approximately 6:30pm. My child will:
  - Be collected from school by a parent/carer
  - Make their own way home from school
- The medical information and contact details currently held by the school for my child are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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