



# HUMPHREY PERKINS SCHOOL

Lionheart Educational Trust

Humphrey Perkins School  
Cotes Road, Barrow Upon Soar, Loughborough,  
Leicestershire, LE12 8JU

01509 412385  
office@humphreyperkins.org.uk  
www.humphreyperkins.org.uk

Deputy CEO Jenny Piper-Gale  
Executive Principal John Pye  
Associate Principal Della Bartram

6 November 2025

Dear Parent/Carer

The Performing Arts department will be running an exciting theatre trip for Year 8 and 9 students to see **Percy Jackson and The Lightning Thief at Curve Theatre in Leicester.**

The trip will take place on **Thursday 19<sup>th</sup> March 2026** We will leave school at **5.45pm** and will return at **approximately 10.30pm**. Please make safe arrangements for your child to get home upon their return to school.

We ask for a contribution of **£35** to cover the cost of the tickets and the transport, payable using the online payment facility to secure your child's place on the trip. The deadline for payment is **Friday 30<sup>th</sup> January 2026**. Students must have excellent behaviour and attendance records to attend the trip; Mrs Bartram will have the final say.

Please complete the reply slip and return to the Admin Office.

Research and appropriate measures have been taken to ensure that all realistic safety precautions are in place for all trips and visits. Parents or the school reserve the right to withdraw children from a trip or visit. Where payments have been made, we cannot guarantee refunds will be given.

Your sincerely

Mrs R Quail

Teacher of Drama

Second in Creative Department





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**Reply Slip – To be returned to the Admin Office by Friday 30<sup>th</sup> January 2026.**

## Percy Jackson and the Lightning Thief – Curve Theatre, Leicester

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

I give permission for my child to go to the Curve Theatre on  
**Thursday 19<sup>th</sup> March 2026**

I have made safe arrangements for my child to get home upon their  
return to school

I have paid **£35 via Beehive** to secure my child’s place.

We will be using emergency contact numbers and medical information we hold on record at school. If you wish to advise us of a different number for this trip, or advise us of any medical issues we may not be aware of, please state below:

Signed: .....

Date: .....

(Personal with Legal responsibility for child)

Please print name: .....

