



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

June 2025

Dear Parent

The Performing Arts department will be running an exciting musical theatre trip for our current Year 8 and 9 students to see **Matilda the Musical**, at The Curve Theatre in Leicester.

The trip will take place on **Wednesday 8th October 2025**. We will leave school at **5.30pm** 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 **£37.50** 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. Tickets will be sold on a first come, first served basis.

The deadline for payment is **11th July 2025**.

Students are not required to wear school uniform but should dress smartly and according to our non-uniform guidelines for the Theatre.

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 11th July 2025

Matilda the Musical – The Curve Theatre Leicester

Student Name: Tutor Group:

- I give permission for my child to go to the Curve Theatre on
Wednesday 8th October 2025 ☐
- I have made safe arrangements for my child to get home upon their return to school ☐
- I have paid **£37.50** online 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 a medical issue, we may not be aware of please state below:

Signed: Date:
(Personal with Legal Responsibility for child)

Please print name:

