Our ref: EJ/AMT/Misc/Year 5/Shakespeare let1 5th October 2018



Dear Parent/Carer

**Shakespeare Cast Workshop**

**Wedneday 10th October 2018 – Change Of Time**

We have been contacted by the organiser’s of the Shakespeare Cast Workshop and have been asked if we can change the time of the workshop we are taking part in on Wednesday. This has now been changed to the afternoon instead of the morning.



The workshop will now start at 1.30pm, so children will eat their lunch in the normal way at school. **The workshop will finish at 4.00pm, therefore, please could parents collect their child from the Pavilion at this time.**

Yours sincerely

Miss E Jarman

Year 5 Teacher

-------------------------------------------------------------------------------------------------------------------------------

**Year 5 Shakespeare Cast Workshop – Wednesday 10th October 2018**

I give permission for ……………………………………………………….. to take part in the Shakespeare Cast Workshop at Weymouth Pavilion on the above date.

I consent to any emergency medical treatment deemed necessary during the course of the visit.

Emergency Contact Name………………………………………………. Tele No……………………

**I will arrange for my child to be collected from the Pavilion at 4.00pm by ………........................**..

Signed …………………………………………………………. Date …………………………………

Parent/Carer

Please return the permission slip by Tuesday 9th October 2018