

Friday 21st December 2018

Voluntary Aided 11-18 Roman Catholic School for Girls Headteacher: Ms Julia Waters BSc (Hons) MA

Dear Parent / Carer,

As you may be aware, your daughter has registered her interest in becoming part of our 5th Annual Rambert Imprints Dance Project this year, which will involve her participation in an 8 week session of Dance practicals here at UHS with professional Dance Choreographers from the Ballet Rambert Academy, London.

The dates of these practical dance training sessions are as follows and will be from 3.15pm-4.45pm:

- Wednesday 6th March 2018 Session 1
- Wednesday 13th March Session 2
- Wednesday 20th March Session 3
- Wednesday 27th March Session 4
- Wednesday 3rd April NO SESSION (Academic Review Day)
- Wednesday 10th & 17th NO SESSIONS Easter Holidays
- Wednesday 24th April Session 5
- Wednesday 1st May Session 6
- Wednesday 8th May Session 7
- Monday 13th May Session 8 (TBC)



 Thursday 28th February (TBC) – EXPERIENCE DAY (9am-3pm) at Rambert Studios, 99 Upper Ground, Lambeth, London SE1 9PP (Located 10 min walk from Waterloo Station)

Pupils will be required to wear kit/ attire suitable and safe for ballet/ contemporary dance. They may wear their PE kit if they wish.

The cost of this <u>entire project</u> will be £30 to cover the coaching, which is a once in a lifetime opportunity to work with professional instructors from the world renowned London based Rambert Academy.

Pupils will be working with our allocated Rambert Animateur/ choreographer, in compiling a dance piece together, which will be performed at a live show in May (Date TBC but will be at some point week beginning 13th May) at The Clore Ball Room, Southbank Centre (more details regarding this separate trip date to be confirmed at a later date).

<u>Full payment can be made through Parent Pay which will confirm her place on the course</u>. No refunds can be made for sessions missed and commitment to all sessions is advisable to gain the most out the project. **Deadline for payments is Friday 11th January 2019.**

The way to pay for this activity (and confirm your daughter's place) is via your parentpay account (If you have forgotten your Parentpay login, please visit www.parentpay.com and click "forgotten password" in the account login section). If you have any difficulties please contact Bernadette Young in the Student Services office on 020 8879 3144 or bernadette.young@uhsw.com . If cash is your only option please see Mrs Ward in the finance office to obtain a Paypoint letter. This activity is dependent on receiving enough funds to cover the activity cost and may be subject to change depending on uptake.

Many Thanks

Mrs R L Corrigan

Rachel.corrigan@ursulinehigh.merton.sch.uk

PE Office: 02088794375 Twitter: @UHSPEdept

Crescent Road Wimbledon London SW20 8HA Tel: 020 8255 2688 Fax: 020 8255 2687 Visitors' Entrance: The Downs Website: www.ursulinehigh.merton.sch.uk Email: enquiries@ursulinehigh.merton.sch.uk Twitter: @UrsulineHighSch



































Ursuline High School – Code of Conduct

Name of student:			

Visit to: Rambert Imprints Dance Project 2019- UHS Dance Studio 3.15-4.45pm

- Wednesday 6th March 2018 Session 1
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PERFORMANCE EVENING: (Date TBC) – May 2018 at The Clore Ball Room, Southbank Centre (Belvedere Rd, Lambeth, London SE1 8XX)

I / We agree to our child taking part in this activity and have read the information sheet.
I / We agree to her participation in the activities described and acknowledge the need for our child to behave responsibly in accordance with the School's Code of Conduct.

Medical information about your child

- a) Any conditions requiring medical treatment, including medication? **YES / NO** If YES, please give details
- b) Please outline any special dietary requirements of your child.
- c) Is your daughter allergic to any medication? YES / NO
 If YES, please specify

I will inform the Group Leader / Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I / We agree to my/our child receiving medication as instructed and any emergency dental medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I / We understand the extent and limitations of the insurance cover provided.



















Home:	
Home	Work:
Mobile:	
Home Address:	
	Post Code:
Alternative emergency contact:	
Name:	Tel number:
Address:	
	Post Code:
Name of family Doctor:	Tel number:
Address:	
	Post Code:
event of my child being returned ho my/our child behaves in an irrespo	Code of Conduct concerning the possible extra expense in ome or being responsible for damage. I / We understand the onsible way between now and the rime of the visit so that accept the responsibility of including her in the party, the so
	our child from the activity.
will have the right to withdraw my /	our child from the activity. sion for my child to participate in this activity.
will have the right to withdraw my /	·

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT

















