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Our Ref: GP/EFi May 2024

Dear Parent / Carer,

Lower School Concert Monday 1st July 2024, 7pm

I'm writing to invite you to come to our Lower School Concert on **Monday I**st **July** in the school hall, starting at **7pm**. The students and staff have been working hard to prepare a fantastic programme for you to enjoy.

There are a wide range of ensembles performing this year, including Junior Strings, Wind Band, Chamber Orchestra, and our Junior Choir joined by Y6 pupils from our feeder schools. There will also be a fabulous selection of solos from pupils in Y7-Y9.

All tickets must be booked in advance via Eventbrite. Tickets are £6 per person, and they will be available to book from midday on Monday 10th June using this link: Tookets, Mon, Jul 1, 2024 at 7:00 PM | Eventbrite

This link will also be on the website. Refreshments are included in the price of the ticket.

Please return the attached reply slip to the music department as soon as possible. Rehearsals for the concert will take place during the day on Monday Ist July and a rehearsal schedule will go up on the notice board nearer to the time. The students should wear dark bottoms and a brightly coloured top (no excessive logos please!). They need to **arrive for 6.30pm** in order to prepare and tune up.

The concert is due to finish at approximately 9.00pm. If you are unable to attend, you will need to make arrangements to collect your child from school at this time.

We look forward to welcoming you and your family to showcase and celebrate the musical talent of our students.

Best Wishes.

Mrs G Page Subject Leader for Music









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PERMISSION FORM

Lower School Concert Monday Ist July 2024

PLEASE RETURN TO MRS PAGE IN THE MUSIC DEPT. ASAP

Student's name:	Form:
Parent/Carer emergency name and contact number:	
I hereby confirm that my child has permission to atte	nd and participate in the above event.
*Please delete as appropriate:	
My child will make their own way to the concert my child to get to the concert*.	t / I will make transport arrangements for
My child will make their own way home / be coll	ected* at the end of the concert.
I give/do not give* permission for my child to receive or hospital in the event of an accident.	ive emergency first aid/medical care by a doctor
I give/do not give* permission for my child to be fil this to be shared via the school website/Vimeo.	med as part of the concert recording and for
If there is any medical information about your child we medication needs, etc, please specify below or reque	,
Signed:	(Parent/Carer) Date:









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