



# Gobowen Primary School

School Lane, Gobowen, Oswestry, Shropshire SY11 3LD

Headteacher Mr Ronan Walsh

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Nurture Grow Flourish

6 November 2025

Dear Parents / Carers

FOGS have kindly arranged to take Hazel, Maple and Birch classes to Theatr Clwyd, Mold on Tuesday 9 December 2025 to watch Cinderella (pantomime). We will be travelling by coach leaving school at 12.20pm and returning at 4.45pm.

As a Christmas gift for every child the FOGS committee are covering the full cost of this trip (coach travel and Theatr Clwyd entry).

Due to the time of departure the children will be having their lunch early. Children can also take an **appropriate** sized snack and drink with them for the interval (please do not send large bags of sweets, large chocolate bars or fizzy drinks).

Children will be required to wear their school uniform. Please **do not** send any spending money.

Children who use inhalers should ensure they have them with them and their name is clearly labelled on the inhaler. It is school policy that children are unable to attend events without their inhaler.

Please complete the attached consent form and return it to the school office by **Monday 17 November**.

Yours sincerely

Mr R Walsh  
Headteacher

**CINDERELLA PANTOMIME – THEATR CLWYD**  
**TUESDAY 9 DECEMBER 2025**

**PLEASE RETURN THIS SHEET TO THE SCHOOL OFFICE BY MONDAY 17 NOVEMBER**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

*Please tick:*

- I give permission for my child to attend this event.
- I give permission for my child to be photographed at this event.
- I do not want my child photographed at this event.
- My child uses an inhaler and will have it with them at this event. Their name will be clearly labelled on the inhaler. I am aware that my child will not be allowed to attend this event without their inhaler.

**Collection from school at 4.45pm**

- My child/ren will be collected at 4.45pm by  
Name: \_\_\_\_\_
- My child/ren can walk home
- My child/ren will go to Busy Lizards

In case we have to contact you in an emergency please complete the following section:

**1st Contact:**

Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_  
(eg Parent, Relation, Friend of the family, etc)

**2nd Contact:**

Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Parent / Carer** **Date:** \_\_\_\_\_