Gobowen Primary School

School Lane, Gobowen, Oswestry, Shropshire SY11 3LD
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Nurture Grow Flourish

5 November 2026

Dear Parents / Carers

FOGS have kindly arranged to take Sycamore, Hazel, Maple, Ash, Birch and Oak classes to Theatre Severn, Shrewsbury on Tuesday 1 December 2026 to watch Aladdin (pantomime). We will be travelling by coach leaving school at 12.30pm and returning at 5.15pm.

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

Due to the time of departure the children will be having their lunch early therefore normal lunchtime arrangements will apply.

Children can take an **appropriate** sized snack and drink to the theatre to have in 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 **Friday 13 November**.

Yours sincerely

Mr R Walsh
Headteacher

ALADDIN PANTOMIME – THEATRE SEVERN
TUESDAY 1 DECEMBER 2026

PLEASE RETURN THIS SHEET TO THE SCHOOL OFFICE BY FRIDAY 13 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 5.15pm

❑ My child/ren will be collected at 5.15pm 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:_____**