

Dear Parent/Carer,

Following the continued successful partnership between Queen Elizabeth's School and our local feeder schools in our annual school musical, we would again like to invite students to audition and take part in our next venture - *Oliver!* Students will be involved in three large musical numbers alongside our own students. There may also be the possibility of a named role within the production.

We would like to invite students to QE School on **Tuesday 19th September, 4-5.30pm** to attend an audition workshop and begin to learn material for our show.

Students would be required to attend the following rehearsals as well as take part in our show week, which commences week beginning 22nd January 2024 - a more detailed schedule of which will follow in due course. Students will perform in one public show on either 25th, 26th or 27th January 2024. We do ask that students commit to all of the rehearsals outlined below to ensure consistency for our team of students. Students will need a costume, which will be asking parents/carers to provide (further information to follow).

If you would like your child to be involved, we ask that you please complete the attached form and send it back to apayne@queenelizabeths.com or bring a printed copy to the audition on Tuesday 19th September.

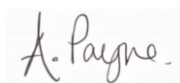
We look forward to seeing you all soon!

Rehearsal Schedule

Date	Time	Location
Thursday 5th October	4 - 5.30pm	Queen Elizabeth's School
Thursday 19th October	4 - 5.30pm	Queen Elizabeth's School
Wednesday 15th November	4 - 5.30pm	Queen Elizabeth's School
Wednesday 13th December*	4 - 5.30pm	Queen Elizabeth's School

*During this rehearsal, the rehearsal schedule for January/February will be released.

Kind Regards,



Mrs A Payne - Head of Drama



Oliver! Student Consent & Information Form

Student Name: _____

School: _____

Year: _____

Parent/Carer Name: _____

Relationship to student: _____

Email Address: _____

Emergency Contact Number: _____

Alternative Emergency Contact Name & Number: _____

Please list any medical conditions/medications:

Dietary Requirements:

Please Tick:

I confirm that my son/daughter can participate in QE School's musical, and that I am aware I will need to drop off and collect my child as outlined in the rehearsal schedule.

I give permission for photos/videos of my child to be taken and used on QE School Website/Social Media and in the programme.

Signed: _____ Date: _____