

# Prom

9<sup>th</sup> February 2022

Dear Parent/Guardian

**Re: Year 11 and 6<sup>th</sup> Form School Prom – Wednesday, 29<sup>th</sup> June 2022**

The Annual School Prom is back and will take place on **Wednesday, 29<sup>th</sup> June 2022** at the Hollyfields Centre, Woodacre Road, Erdington, Birmingham, B24 0JT from 7.00pm – 10.00pm. We will be welcoming our current 6<sup>th</sup> Form, our current Year 11 and any of our leavers from the past 2 years.

The cost for this event will be £15.00 and this include the catering, D.J. and photographer. There will also be a bar providing soft drinks from which students can make purchases. No alcohol will be served. The event will be supervised by Queensbury School staff. The dress code will be smart wear. Tickets are now available on a first come first serve basis.

It will be your responsibility to transport your son/daughter to and from the Prom. Could you please complete the consent form below and return to the School by Thursday, 7<sup>th</sup> April 2022 to book your ticket and enable us to finalise numbers and arrangements.

If you have any queries regarding this, please do not hesitate to contact us on the above telephone number.

Yours sincerely

*B. Adnan*

**B Adnan**

Associate Head of School – Key Stage 5

**Please return by Thursday, 7<sup>th</sup> April 2022 to;**

**Finance Office, Queensbury School**

**Event: Year 11 and 6<sup>th</sup> Form Prom Night – Wednesday, 29<sup>th</sup> June 2022**

**Time: 7.00pm – 10.00pm**

Pupil Name: ..... Class .....

Total Amount enclosed .....

I give\*/do not give\* my permission for photographs to be taken of my child during this event and possibly used for digital screens around school, school website, social media (Twitter/Facebook), newsletters. **(\*Please delete as appropriate).**

\*My son/daughter will make his/her own way home

\*I will be collecting my son/daughter

(\*Please indicate as appropriate)

In the event of an accident or emergency I give consent for my child .....  
to receive any such medical treatment as deemed necessary.

**TELEPHONE NUMBERS/NAMES FOR EMERGENCIES (Please provide 2 telephone numbers and names)**

1) .....

2) .....

Signed ..... (Parent/Carer)

Date .....

