



08 January 2024

Dear Parent/Carer

**ClayMuseum Cultural Project: Potteries Museum and Art Gallery
January to February 2024**

Your Child has been selected to take part in a series of workshops in conjunction with the ClayMuseum and artist Niki Colclough.

The project will be split between two venues, with full day workshops taking place at the Potteries Museum and Art Gallery, and smaller workshops within the Academy. Activities will take place during the school day and students will travel to and from the Museum via coach.

- Thursday 18 January: 11:05 – 13:05 workshop at the Academy.
- Friday 19 January: Full day at the Museum.
- Wednesday 24 January: Full day at the Museum.
- Friday 26 January: 11:05 – 13:05 workshop at the Academy.
- Thursday 08 February: 11:05 – 13:05 workshop at the Academy.

Students should be in full school uniform and bring a packed lunch for the full days at the Museum. If your child receives free school meals, lunch will be provided and will need to be collected from the canteen before leaving the Academy.

These events are free of charge and your child will need to participate in all five sessions.

If you are happy for your child to participate, please complete the attached reply slip and return to me by Monday 15 January 2024.

Yours sincerely

J Rogers

Mrs J Rogers
Director of Design
Careers Lead



Please return to Mrs Rogers by Monday 15 January 2024

**ClayMuseum Cultural Project: Potteries Museum and Art Gallery
January to February 2024**

Student Name: **Form:**

I give permission for my child to attend the ClayMuseum Cultural Project: Potteries Museum and Art Gallery, January to February 2024

I **give/*do not give* consent for my child to be filmed / photographed during the event.
*(*please delete as appropriate)*

I **give/*do not give* consent for photographs/filming of my child to be used on our social media platforms, within newsletters, and other promotional material for Thistley Hough Academy and/or Creative Education Trust.
*(*please delete as appropriate)*

Free school meals: **Yes/*No*
*(*please delete as appropriate)*

Signed: Tel No:
Parent/Carer

Medical information/Dietary Requirements:

Emergency Contact: *(if different from above)*

Name: Tel No