



RIPLEY ENDOWED CE PRIMARY SCHOOL

Ripley Endowed Primary School,
Main Street, Ripley, Harrogate, HG3 3AY
Tel: 01423 770160
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Website: rbk.n-yorks.sch.uk

13th October 2025

Dear Parents and Carers,

JACK AND THE BEANSTALK PANTOMIME 11TH DECEMBER 2025 – WHOLE SCHOOL

We are delighted to announce that the children will once again have the opportunity to attend Harrogate Theatre to watch this year's pantomime performance of Jack and the Beanstalk.

We would like to take this opportunity to say a very big thank you to FORS (Friends of Ripley School PTA) who will be covering the cost of the tickets and coach for this trip, as well as an ice cream for each child in the interval. If you would like to contribute in any way, you can make a payment directly to FORS.

The Friends of Ripley Endowed School
Sort Code 20-37-13
Account No 40781088

Children will be transported to and from Harrogate Theatre via coach during school hours. Please ensure children arrive promptly that morning, as the coach will leave shortly after 9am.

Full school uniform should be worn for this trip.

Mrs Metcalfe will be providing a packed lunch for children normally on school dinners that day, as they will be arriving back in school slightly later than our normal lunch hours. Please complete the menu option below. For those normally on a packed lunch, please indicate if you would like a lunch provided by Mrs Metcalfe, or if you will provide a packed lunch as normal.

Please complete the permissions overleaf and return by Thursday 23rd October 2025, as we need to send ice-cream option back ASAP.

Very Best Wishes

Mrs S Randall
Federation Business Manager

JACK AND THE BEANSTALK PANTOMIME 11TH DECEMBER 2025 – WHOLE SCHOOL

I give permission for my child: to attend Harrogate Theatre to watch the Jack and the Beanstalk pantomime, travelling there and back by coach on Thursday 11th December 2025.

I would like my child to have a packed lunch provided by Mrs Metcalfe ☐

I will provide my child with a packed lunch ☐

Please select one option of sandwich filling below if having a packed lunch provided by school:

Ham ☐

Tuna Mayo ☐

Cheese ☐

Egg Mayo ☐

Please select one option of ice cream that your child will receive, courtesy of FORS, during the interval:

Vanilla ☐

Chocolate ☐

Orange Crush Fruit Pop ☐

Strawberry ☐

Plant Based Vanilla ☐

Blackcurrant Crush Fruit Pop ☐

Signed

Name of Parent/Carer:

Date:

Medical conditions:

Additional Information:

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