

Mary Webb School & Science College, Pontesbury, Shrewsbury, Shropshire SY5 0TG

Head Teacher: Mr A J Smith BSc (Econ) MSc

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13th December, 2017

Dear Parents

Year 8 RAF Cosford Museum on 24th January 2018

As part of the Key Stage3 courses in Design Technology and Art and Design, a trip has been arranged to visit RAF Cosford Museum. Students will have the opportunity to be involved in a workshop at the museum which will focus on Design and Engineering. Students will have guided activities within the museum with a focus on the commonalities between the two subjects.

The visit will take place during the course of the school day, leaving first thing in the morning by coach and arriving back in time for the school buses at the end of the day.

Students must wear full school uniform and bring a packed lunch and a drink and have their pencil case with them on the day.

You are invited to make a voluntary contribution of £5.00 towards the cost of travel and the workshop activities. If you find it difficult to meet the cost, you are invited to contact the School Business Manager in confidence to discuss payment. Students who receive free school meals will be supported through funds allocated to the school.

Please complete the reply slip below and return it to school office along with your payment by Friday 5th January, 2018.

Yours sincerely

| Mrs S Keeling Art Teacher | | Mr G Davies Assistant Head Teacher | Mr P Salmon School Busine | ss Manage | r | | | | |
|--|---|---------------------------------------|------------------------------|---------------------|-----------|-----------|--------|---|--|
| Year 8 RAF Cosford Museum 24 th January, 2018 | | | | For office use only | | | | | |
| Name: | | Form: | | Receipts | £ | Date | Signed |] | |
| I give permission for my son/daughter to take part in the above visit. | | | | | | | | | |
| | I enclose a voluntary contribution of £5.00 cash/cheque. (Cheques should be made payable to Mary Webb School – Please write the reverse of the cheque.) | | | | ent's nam | e and for | m on | | |
| | I do not wish to contribute. | | | | | | | | |
| | I agree to authorise any member of staff during the course of this activity to approve such medical treatment for my son/daughter as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner, in the event that I cannot be contacted. | | | | | | | | |
| Name: | | | Signed: | | | | | | |
| Parent/C Dated: | | | | | | | | | |
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Please return to the school office by Friday 5th January, 2018 SK/PR