



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

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Dear Parent/Carer

1<sup>st</sup> March, 2018

**GCSE Geography Field Study Visit, Wednesday 21<sup>st</sup> March 2018**

To support the work being done in Geography, a field study visit has been arranged for Year 11 students to collect primary data, which is needed as part of the GCSE Geography Course, in Birmingham City Centre on Wednesday 21st March 2018.

Travel will be by coach, leaving school at 9 am and returning at **4.00 pm**. Students should wear school uniform; with a suitable coat for being outdoors in March. Students should bring a packed lunch and drinks. A small rucksack would be useful.

You are invited to make a voluntary contribution of £5.00 towards the cost of the visit. We must, however, inform you that as the school could not bear the whole cost of the visit, the visit will not take place unless all parents/carers who are able are willing to contribute. If you find it difficult to meet this 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 indicate on the slip below if you wish your son/daughter to take part in this field study and return it, together with your payment, by Monday, 19th March 2018.

Yours sincerely

*P Lee*

*G Davies*

*P Salmon*

Mr P Lee  
Faculty Leader Humanities

Mr G Davies  
Assistant Head teacher

Mr P Salmon  
School Business Manager



**THE MARY WEBB SCHOOL & SCIENCE COLLEGE**  
**Geography Field Study Visit: Wednesday 21st March 2018**

Name:..... Form: .....

- I give permission for my son/daughter to take part in the Geography Field study on Wednesday 21<sup>st</sup> March, 2018.
- I enclose a voluntary contribution of £5.00 cash/cheque. (*Cheques should be made payable to Mary Webb School – please write the student’s name and form on the reverse*).
- I do not wish to contribute.
- I confirm I am able to collect my son/daughter from school at 4.00 p.m. **OR**  I give permission for my son/daughter to walk home.
- 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.

For office use only			
Receipts	£	Date	Signed
Cheque			
Cash			

Name: ..... Signed: ..... *parent/carers*

Dated: .....

**Please return to the school office by Monday, 19th March 2018 PL/PR**