



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

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

TEL: 01743 792100

FAX: 01743 792110

Email: admin@marywebbschool.com

Website: www.marywebbschool.com

5th June, 2018

To the Parent/Carer of: **

Big Bang Science Fair

I am delighted to inform you that **Thomas has been selected to attend the regional finals of the CREST awards at the Big Bang Science Fair being held at Staffordshire University on Tuesday, 19th June. We will be leaving Mary Webb School at 7.10 am so please arrange for ** to be at school no later than 7.00 am.

During the day Thomas will be displaying **his/her posters and results of the CREST award project, and discussing these with the judges and other competitors. We will leave the award ceremony at 3.00 pm - *hopefully as Regional winners*- arriving back at school at approximately 5.00 pm. Please make arrangements to collect ** at this time. **Students must wear school uniform for this event and will need to bring a packed lunch and a drink.**

I am aware that this date clashes with the Year 9 exams and alternative arrangements will be made for ** to sit these exams on a different day.

Could you please complete the slip below and return it to school by Monday, 11th June.

Yours sincerely

C Jones

G Davies

Mrs C Jones
Subject Leader, Science

Mr G Davies
Assistant Head / SENCo

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Big Bang Science Fair

Tuesday, 19th June 2018



Name: Form:

- ☐ I give permission for my son/daughter to attend the Big Bang Science Fair on Tuesday, 19th June 2018.
- ☐ Emergency Contact Numbers: _____
_____ (until 5.00 pm)
- ☐ Medical Information: _____
_____ (Please list allergies / medical conditions / medication required)
- ☐ 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.
- ☐ I give permission for photographs to be taken by the event organisers, which may be used for publicity.
- ☐ I confirm I am able to deliver my son/daughter to school at 7.00 a.m. and can collect them at 5.00 pm.

Name of Parent/Carer: _____ Signed: _____ Parent/Carer

Date: _____

Please return slip to School Office by Monday, 11th June 2018 (CJ/PR)