

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

Mr P Salmon

13th June, 2018

Dear Parent/Carer

Year 9 Humanities and Art Visit to Manchester on Friday 6th July 2018

To support the work being done in Humanities and Art, a visit has been arranged for Year 9 students to visit the Lowry Gallery and the Imperial War Museum at Salford Quays and the National Football Museum in Manchester City Centre on Friday 6th July 2018.

Travel will be by coach, leaving school at 9.00 am and returning to school at 4.30 pm. Students should wear school uniform and 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 transport. We must, however, inform you that as the school could not bear the whole cost of the event, it will not take place unless all parents, 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.

Please complete the slip below and return this to the school office by Monday 2nd July, 2018.

Mr G Davies

Yours sincerely

Dated:

Mr P Lee

Faculty Leader Humanities	Assistant Head teacher		School Business Manager				
CURRICULUM DAY		_					
Year 9 Humanities & Art visit to Manchester on Friday 6 th July 2018			For office use only				
Name of Student:	Form:		Receipts	£	Date	Signed	
☐ I give permission for my son/daughter to take part in the above event		.	Cheque				
		11.	Cash				
☐ I enclose a payment of (Please make cheques paye	£5.00 cash/cheque. able to Mary Webb School and write your child's n	name	e and form	group o	on the revers	se).	
☐ I do not wish to contrib	oute.						
☐ I confirm I am able to coalone.	ollect my son/daughter at 4.30 pm OR □ I co	nfir	m they ar	e able t	o walk hor	me	
□ 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	t/Carer		