

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

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21st November, 2018

Dear Parent/Carer

Geminids Meteor Shower Friday 14th December, 2018

We have an exciting opportunity for our Year 10 GCSE Astronomers to observe the annual Geminids meteor shower on Friday 14th December,2018. This will form part of the GCSE course's required practical observations. The students must observe a celestial event and record some data. To this end, we are offering the students a chance to do this at school, supervised by members of staff.

The students will need to be at school at **1.00** <u>am</u> on **Friday 14**th **December** to allow for a short briefing and for their eyes to become dark-adapted. They will make their observations until **3.30** <u>am</u>. We would like the students to be picked up at **4.00** <u>am</u>. They will then be expected to return to school by 10.10 am ready for the remaining lessons of the day.

The students will need to bring their writing/drawing equipment, warm clothing (school uniform is not recommended) and some food and drink. Warm food and drinks are recommended but the students need to bring these safely into school.

The event is, of course, weather dependant so a decision will be made the day before on whether the event will take place. You will be contacted between 4.00 pm and 5.00 pm on Thursday 13th December to confirm or cancel the event so please include a contact number on the reply slip. If the weather looks poor, we will sadly have to cancel the event.

Despite the unfortunate inconvenience, we believe this is a great opportunity to build enthusiasm for Astronomy as well as developing the students' observational skills.

Yours sincerely

G Ward

G Davies

Dr G. Ward Teacher of Astronomy Mr G Davies
Assistant Headteacher



Geminids Meteor Shower Friday 14th December, 2018

Student Name:	Form:
☐ I give permission for my son/daughter to take Friday 14 th December, 2018.	e part in the Astronomy event in the early hours of
☐ I confirm I am able to bring my son/daughter from school at 4.00 am	to school for 1.00 am and collect my son/daughter
· · · · · · · · · · · · · · · · · · ·	g the course of this activity to approve such medical necessary in an emergency or upon the advice of a at I cannot be contacted.
Please enter any medical needs for your son/daughte	
Emergency contact name:Relationship to student:	
	••••••
Emergency contact name:	Number:
Relationship to student:	
Name:	Signed:
Dated:	Parent/Carer

Please return slip to the school office by Monday 26th November, 2018 GW/PR