



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

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9th January, 2019

Dear Parents/Carers

Year 10 University Centre Shrewsbury and 'Live n Learn' Wednesday 30th January, 2019

I am writing this letter to provide you with details about an upcoming Curriculum Day visit planned for Year 10 on Wednesday 30th of January, 2019. We have organised with University Centre Shrewsbury for students to have a guided tour of the campus and talk about further education, the various options available and dispel one or two myths about tuition fees. We have also booked a company called 'Live n Learn' (<http://live-n-learn.co.uk/>) to work with students on study skills and organising revision at home.

Our Year 10's will be split in two groups; one half will visit University Centre Shrewsbury in the morning whilst the other half stays in school and works with the 'Live n Learn' crew. The groups will alternate in the afternoon so they experience both activities.

We have run this event previously and we believe it gives our students a real insight into further education and the requirements expected. We hope aspirations amongst students will rise as a consequence. In addition, studying at home and forming a solid routine is crucial to performing well and we hope the advice offered to them will help.

It is expected that all students will attend on the day but please do complete the attached reply slip given that one of the activities is away from the school. If there is a reason for your son/daughter not attending you will need to contact me directly. There is no cost involved in either of the days' activities.

Yours sincerely

M Jervis

G Davies

Mr M Jervis
Key Stage 4 Leader

Mr G Davies
Assistant Headteacher



Year 10 University Centre Shrewsbury and 'Live n Learn' Wednesday 30th January, 2019

Student name: **Form:**

- I give permission for my son/daughter to attend Shrewsbury University and take part in the 'Live n Learn' workshop.
- 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 of Parent/Carer: Signed:

Date:

Please return your slip to the school office by Monday 14th January, 2019 MJ/PR