



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

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4<sup>th</sup> March, 2019

Dear Parent/Carer

**STEM Curriculum Day - Year 10 GCSE Design and Technology visit to The Marches Centre of Manufacturing & Technology at Bridgnorth Thursday 14<sup>th</sup> March, 2019**

As part of their GCSE Design and Technology curriculum, we have arranged for Year 10 students to have the opportunity to visit an engineering centre of excellence that makes use of the latest CNC, metrology, automation and robotic technology. In addition to a factory tour, pupils will take part in taught workshops and engineering challenges.

The trip offers the opportunity for students to see how the cutting edge technology is applied to the manufacture of products as well as giving students an insight into engineering training and apprenticeship opportunities available locally.

We will travel by coach leaving school at 9.00 a.m. and returning for the regular buses home at 3.15 p.m. Pupils should wear full school uniform with a coat and bring a packed lunch and a drink. There is no cost to students for this visit. If you are in receipt of Free School Meals, you are able to order a packed lunch from the school kitchen if you wish.

Please indicate on the slip below if you wish your son/daughter to take part in this visit and return it to the School Office by Friday 8<sup>th</sup> March, 2019

Yours sincerely

Mr A Walker  
Head of Design and Technology

Mr G Davies  
Assistant Headteacher

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**Year 10 GCSE Design and Technology visit to The Marches Centre of Manufacturing & Technology, Thursday 14<sup>th</sup> March, 2019**

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

- ☐ I give permission for my son/daughter to take part in the visit to **Marches Centre of Manufacturing & Technology** on Thursday 14<sup>th</sup> March, 2019.
- ☐ I am in receipt of Free School Meals and would like to order a packed lunch from the school kitchen.
- ☐ 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: .....

Date: .....