



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

Headteacher: Mr P J Lowe-Werrell

TEL: 01743 792100

FAX: 01743 792110

Email: admin@marywebbschool.com

Website: www.marywebbschool.com

25th March, 2019

Dear Parent/Carer

Year 10 Curriculum Day: Freax activities Friday 3rd May, 2019

We would like the students to experience a team-building, outdoor adventure-style day. They will take part in a range of activities such as climbing, team challenges, archery and bumper balls. All activities will be led by external, qualified staff on the school site during the school day.

You are invited to make a voluntary contribution of £18.00 towards the cost of the instruction and use of equipment. 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/carers 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. Students who receive free school meals will be supported through funds allocated to the school.

If you would like your son/daughter to take part in this exciting day, could you please complete the slip below and return it to school, together with your payment by Friday 5th April, 2019. Students should wear PE kit and tracksuit bottoms for the activities – please keep an eye on the weather.

Alternative classroom-based activities will be arranged for students who do not participate.

Please contact me if I can be of further assistance.

Yours sincerely

M Jervis

G Davies

P Salmon

Mr M Jervis
Key Stage 4 Leader

Mr G Davies
Assistant Headteacher

Mr P Salmon
School Business Manager

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CURRICULUM DAY: YEAR 10 Freax activities
Friday 3rd May, 2019

Name of Student: _____ Form: _____

- ☐ I give permission for my son/daughter to take part in above event.
- ☐ I enclose payment of £18.00 cash/cheque. (*Cheques should be made payable to 'Mary Webb School' - please write the student's name and form on back of cheque.*)
- ☐ I do not wish to contribute.
- ☐ 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: _____

Parent/Carer

Date: _____

For office use only

| Receipts | £ | Date | Signed |
|----------|---|------|--------|
| Cheque | | | |
| Cash | | | |

Please return slip to the School Office by Friday 5th April, 2019 (MJ / PR)