



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

Headteacher: Mr P J Lowe-Werrell

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25<sup>th</sup> February, 2019

Dear Parent/Carer

**Celebrating Science, Technology, Engineering and Mathematics (STEM)  
Year 8 Visit to Thinktank, Birmingham Science Museum on Thursday 14<sup>th</sup> March, 2019**

To showcase how science, engineering, technology and mathematics impact on our everyday lives and shape our daily decisions, your son or daughter has the opportunity to go to Thinktank in Birmingham to experience the science museum and a planetarium show.

You are invited to make a voluntary contribution of £5.00 towards the cost of the transport to Thinktank. We must, however, inform you that as the school could not bear the whole cost of the visit, the visit 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.

Students will need to attend the day in school uniform and bring with them a coat, a packed lunch and a drink.

Could you please complete the slip below and return it to school by Friday, 8<sup>th</sup> March, together with your payment.

Yours sincerely

*J Hall*

*G Davies*

*P Salmon*

Miss J Hall  
Deputy Headteacher

Mr G Davies  
Assistant Headteacher

Mr P Salmon  
School Business Manager

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**YEAR 8 STEM VISIT TO THINKTANK, BIRMINGHAM  
Thursday 14<sup>th</sup> March, 2019**

Name of Student: ..... Form: .....

- I give permission for my child to take part in the above visit.
- I enclose a voluntary contribution of £5.00 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.

For office use only			
Receipts	£	Date	Signed
Cheque			
Cash			

Name of Parent/Carer: ..... Signed: .....

Date: .....

**Please return to the School Office by Friday, 8<sup>th</sup> March 2019 (JH/PR)**