



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

Headteacher: Mr P J Lowe-Werrell

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Dear Parent/Carer

2nd April, 2019

Year 8 Visit to Cadbury World: Friday 3rd May, 2019

I write to request permission for your son/daughter to accompany us on a curriculum day visit to Cadbury World in Birmingham. Travel will be by coach leaving school at 9.00 am and returning in time for the school buses at the end of the day.

The visit is planned to enhance the students' knowledge of Sustainability. The students will be expected to complete a project as they tour the complex. Students will be expected to wear full school uniform, bring a pencil, a packed lunch and a drink. They may wish to bring a small amount of pocket money to purchase items from the gift shop.

The itinerary for the day is:

10.30 – 10.45	Arrive at Cadbury World – food/toilet break
10.45 – 11.45	Exhibition
11.45 – 12.15	Lunch
12.20 – 1.40	Educational talk
1.40	Leave Cadbury World
3.00	Arrive back at Mary Webb School

You are invited to make a voluntary contribution of £15.00 towards the cost of the transport, entrance fee and educational lecture. 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 are in receipt of free school meals will be supported through funds allocated to the school.

Please complete the slip below and return this to the school office by Wednesday 10th April, 2019

Yours sincerely

S Pugh
Miss S Pugh
Key Stage 3 Leader

G Davies
Mr G Davies
Assistant Headteacher

P Salmon
Mr P Salmon
School Business Manager

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MARY WEBB SCHOOL & SCIENCE COLLEGE
Year 8 Visit to Cadbury World: Friday 3rd May, 2019

Name of Student: Form:

- I give permission for my son/daughter to take part in the above event.
- I enclose a payment of £15.00 cash/cheque. *(Please make cheques payable to Mary Webb School and write your child's name and form group on the reverse).*
- 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: Signed: Parent/Carer

Dated:

Please return your slip to the school office by Wednesday 10th April, 2019