



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

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

Dear Parent/Carer

**Year 7 History Field Study Visit, Friday 5th July 2019**

To support the work being done in History, a field study visit has been arranged for Year 7 students to visit historical sites and buildings in Shrewsbury Town centre and the 1403 Battlefield site on Friday 5th July 2019.

Travel will be by coach, leaving school at 9.00 am and returning for the school buses at 3.15 pm. Students should wear school uniform and bring a packed lunch and drinks. A small rucksack would be useful. As students will be working outside all day, a hat, sun cream and potentially a waterproof coat would be useful.

You are invited to make a voluntary contribution of £5.00 towards the cost of the transport. 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, 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 eligible for 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 Monday 1<sup>st</sup> July, 2019.

Yours sincerely

*P Lee*

*G Davies*

*P Salmon*

Mr P Lee  
Faculty Leader Humanities

Mr G Davies  
Assistant Head teacher

Mr P Salmon  
School Business Manager

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**Year 7 History Field Study Visit to Shrewsbury Town Centre and the 1403 Battlefield on Friday 5<sup>th</sup> July 2019**

For office use only			
Receipts	£	Date	Signed
Cheque			
Cash			

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

- I give permission for my son/daughter to take part in the above event.
- I enclose a payment of £5.00 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.

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

Dated: .....