



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

17th October, 2019

Dear Parent/Carer

Year 10 Specialist College Visit to London: Saturday 2nd May to Monday 4th May, 2020

I can confirm that your son/daughter has been allocated a place on the forthcoming specialist STEAM visit to London from Saturday 2nd May to Monday 4th May subject to receipt of payment.

The full cost of the trip is £350.00 which can be paid in full or through the payment schedule as follows:

*Non-refundable deposit	£150.00	Due Thursday 24 th October, 2019
2 nd instalment	£125.00	Due Monday 3 rd February, 2020
Final instalment	£75.00	Due Wednesday 1 st April, 2020

**unless the place is filled by another student from the reserve list*

Please note that all monies are non-refundable where cancellation is within 14 days of the trip, subject to reallocation of the place.

The cost includes all transport, accommodation, entrance fees, insurance and meals. We can only facilitate these trips if costs can be met and our thanks go to the generosity of parents/carers. If you wish to discuss payments in confidence, then please do not hesitate to contact Mr Salmon, the School Business Manager, to do so.

Yours sincerely

C Jones

G Davies

P Salmon

Mrs C Jones
Head of Science

Mr G Davies
Assistant Headteacher

Mr P Salmon
School Business Manager

Year 10 Specialist College Visit to London
Saturday 2nd to Monday 4th May, 2020



For office use only			
Receipts	£	Date	Signed
Cheque			
Cash			

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

- I enclose a deposit of £150.00 (*Cheques should be made payable to "Mary Webb School" and have the student's name and form written on the back*) to confirm a place on the trip.

- Please can you list here any dietary needs for (name)

- Please can you list here any medical needs for (name)

- 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)..... no longer wishes to be considered for a place on this trip.

Name of Parent/Carer:Signed:

Dated:

Please return slip to the School Office by Thursday 24th October, 2019 CJ/PR