



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

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12th November, 2019

Dear Parent/Carer

Year 9 Curriculum Day – World Skills Show at Birmingham NEC Thursday 21st November, 2019`

I write to inform you of a forthcoming event that your son/daughter can attend on Thursday 21st November, 2019. The NEC in Birmingham is hosting the World Skills Show. The event is designed to raise aspirations, show students the global job market and inspire career choices. The students have been given details on how to make the most of their time at this event, via an email link. The students are expected to plan their visit.

We will leave school at 9.00 am and return in time for the buses. Students need to wear full school uniform and bring a packed lunch and drink.

You are invited to make a voluntary contribution of £5.00 towards the cost of the visit. 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. Please note that the school is heavily subsidising this trip. If you find it difficult to meet this cost, you are invited to contact the Business Manager in confidence to discuss payment. Students who receive Free School Meals will be supported through funds allocated to the school. Please complete the slip below and return it to school by Monday 18th November, 2019.

Please do not hesitate to contact me at school if I can be of further assistance.

Yours sincerely

Miss S Pugh
Key Stage 3 Leader

Mr G Davies
Assistant Headteacher

Mr P Salmon
School Business Manager



**Year 9 World Skills Show at Birmingham NEC
Thursday 21st November, 2019**

Student Name: _____ Form: _____

For office use only			
Receipts	£	Date	Signed
Cheque			
Cash			

- I give permission for my son/daughter 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.

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

Date: