



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

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27<sup>th</sup> February, 2020

Dear Parent/Carer,

**Celebrating Science, Technology, Engineering, Art and Mathematics (STEAM)  
Year 8 Visit to Thinktank, Birmingham Science Museum on Thursday, 12<sup>th</sup> March 2020**

To showcase how science, engineering, technology, art and mathematics impact on our everyday lives and shape our daily decisions, your son or daughter has the opportunity to go to Thinktank, Birmingham to experience the science museum with a range of fascinating hands-on exhibits.

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 Business Manager in confidence to discuss payment.

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

Could you please complete the slip below and return it to school by Friday, 6<sup>th</sup> March, together with your payment.

Yours sincerely,

*K Mould*

*G Davies*

*P Salmon*

Mrs K Mould  
Head of Personalised Learning

Mr G Davies  
Deputy Headteacher

Mr P Salmon  
Business Manager



**YEAR 8 STEAM VISIT TO THINKTANK  
Thursday, 12<sup>th</sup> March 2020**

Receipts	£	Date	Signed
Cheque			
Cash			

Name of Student: \_\_\_\_\_ Form: \_\_\_\_\_

- I give permission for my child to take part in the above visit.
- I enclose a voluntary contribution of £5 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: \_\_\_\_\_

*Parent/Carer*

Please return to the school office by Friday 6<sup>th</sup> March, 2020 KM/LB