

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

Head Teacher: Mr A J Smith BSc (Econ) MSc

TEL: 01743 792100 FAX: 01743 792110

Email: <a href="mailto:admin@marywebbschool.com">admin@marywebbschool.com</a>
Website: <a href="mailto:www.marywebbschool.com">www.marywebbschool.com</a>

15<sup>th</sup> June 2018

To Parents/Carers of Year 5 Pupils

Pontesbury CE Primary School

Dear Parent/Carer

We are delighted to invite your Year 5 child to Mary Webb School and Science College for a STEM (Science, Technology, Engineering and Mathematics) day on **Wednesday**, **4**<sup>th</sup> **July 2018**. It will be an interactive, fun day working with Mary Webb School technology and science staff.

This is an excellent opportunity for your child to start to get to know the school and to meet other Year 5 pupils from other primary schools.

Pupils will need to bring a packed lunch, a drink and wear their primary school uniform. They will be accompanied by a member of staff or parent from their primary school.

Pontesbury teachers will bring the children up from school, so they need to go to school as usual in the morning.

Please ensure your child brings their inhaler if they use one and the adult accompanying them knows of any other medication they require.

We look forward to working with your child on some exciting projects.

Yours sincerely

Mrs K Mould	Miss Hall
Head of Personalised Learning and Transition	Deputy Head

## Please complete slip and return to Pontesbury CE Primary School

Student	Name:	
	I give permission for my child to attend the STEM day at Mary Webb School on Wednesday, $4^{\rm th}$ July 2018.	
	I give permission for my child to be photographed during this event. I understand that the photographs might be used for school–related publicity at a later date.	
	My child has the following medical needs:	
	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	