

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

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8th October 2018

Dear Parent/Carer

Junior Scientists

We would like to invite your Year 6 son/daughter to Junior Scientists. Junior Scientists is a hugely popular club run by Mary Webb School science staff for Year 6 pupils. It is hands-on, interactive and lots of fun (and sometimes just a bit messy!). Glitter slime is a particular favourite!

The club helps Year 6 pupils get used to being at Mary Webb School before they start next September and introduces them to many other Year 6 pupils from other schools in the area. We feel it is a hugely important part of transition for these pupils.

We are looking forward to welcoming Year 6 to the Thursday after-school club, for 5 sessions, from 3.30 – 4.30 pm on the following dates:

Pontesbury, Minsterley and Stiperstones	Trinity, Longden, Long Mountain and Hanwood
8 th November 2018	10 th January 2019
15 th November	17 th January
22 nd November	24 th January
6 th December	7 th February
13 th December	14 th February

Please note: There will be no sessions on 29th November 2018 and 31st January 2019 due to other events at Mary Webb School. Please check your primary school's dates carefully.

If you would like your child to attend Junior Scientists Club, could you please complete the slip below and return it to the Mary Webb School Office by Friday, 19th October 2018.

Please can you drop off and pick up your child at the science labs which are on the left as you enter Mary Webb School gates. Please note the start time of 3.30, if you arrive earlier the area can be very busy with buses.

With best wishes,

The Mary Webb School Science Team

JUNIOR SCIENTISTS	- -
Pupil Name:	Primary School:
☐ I give permission for m	son/daughter to attend the Junior Scientists Club at Mary Webb School.
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☐ I give / do not give*	permission for my son/daughter's photograph to be used in school-associated case delete as appropriate
☐ I give / do not give* publicity materials. * F ☐ I agree to authorise treatment for my son,	permission for my son/daughter's photograph to be used in school-associated
☐ I give / do not give* publicity materials. * F ☐ I agree to authorise treatment for my son, medical practitioner, i	permission for my son/daughter's photograph to be used in school-associated case delete as appropriate by member of staff during the course of this activity to approve such medical aughter as is deemed necessary in an emergency or upon the advice of a qualified