



Headteacher: Mr. M. Smallwood

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Dear Parent/Carer

On Thursday 26th January 2012 the Art Department are taking your son/daughter to Manchester City Art Gallery to take part in the Pre-Raphaelite Experiment. This activity will involve analysing the art work of Ford Maddox Brown and other Pre-Raphaelite artists and will form the basis of an all day workshop that will take place at Sale Grammar School on Thursday 9th February 2012 with a visiting artist from Manchester City Art Gallery.

For the initial trip to the gallery we will be leaving school at 12.05pm and travelling by tram. We will arrive back at school by 3.30pm. The pupils will need to bring a packed lunch on that day which they will be able to eat when we arrive at the gallery. They should also bring a sketchbook and drawing equipment and can also bring a camera but they will be responsible for its safe keeping.

We will be travelling back to Brooklands Tram Station and then back to school for approximately 3.30pm unless they have obtained permission to disembark from an alternative tram stop or depart at Brooklands. Please tick the reply slip to indicate this.

We reserve the right to withdraw the place if the behaviour of any student gives cause for concern.

The gallery is paying for the travel expenses and the gallery visit is free. If you wish your son/daughter to participate in the above activity please complete the attached reply slip and return it to Mrs Howarth by Thursday 1st December 2011.

Yours sincerely

Mrs S Howarth
Trip Organiser

Mrs A McPartland
Business Manager



Specialist Schools
and Academies Trust
EXCELLENCE AND DIVERSITY



REPLY SLIP:- PLEASE RETURN TO -Mrs Howarth

Visit to Manchester City Art Gallery on Thursday 26th January 2012

STUDENT NAME: _____ **FORM:** _____

I/We give permission for our son/daughter to participate in the above trip/activity.

I give permission for my son/daughter to disembark at _____ tram station.

I give permission for my son/ daughter to depart from Brooklands Station

FREE SCHOOL MEALS

- For this visit we are able to provide a packed lunch for those students in receipt of a free school meal. Please tick the box if you would like your child to receive a packed lunch. We will make contact with your child nearer the time re contents of the packed lunch.

EMERGENCY CONTACT DETAILS

Please provide contact details below:

CONTACT NAME: _____

RELATIONSHIP TO STUDENT: _____

CONTACT NUMBER/S: _____

MEDICAL INFORMATION

Please detail any medical conditions/medication that your child has/is taking.

Signed _____ Date: _____

(Parent/Carer)