



Headteacher: Mr. M. Smallwood  
Marsland Road, Sale,  
Cheshire, M33 3NH  
Tel: 0161 973 3217  
Fax: 0161 976 4904  
Email: [office@salegrammar.co.uk](mailto:office@salegrammar.co.uk)  
Website: [www.salegrammar.co.uk](http://www.salegrammar.co.uk)

Dear Parent/Carer,

### **GCSE Astronomy visit to Jodrell Bank – Tuesday 19<sup>th</sup> July 2011**

I am delighted to be able to offer your child the chance to take part in this visit as part of the GCSE Astronomy course. Jodrell Bank is of course a world famous radio astronomy site in Macclesfield and the group will also visit the space and planet pavilions and receive a one hour advanced teaching session.

The school minibus will depart at 9.45am and return in time for the end of the normal school day. Pupils should bring a packed lunch. School uniform should be worn. In an emergency we can be contacted on the day via the school office on 973 3217.

The cost of the visit is £5.50 and the expectation by the school is that you will make full contribution, however if you are unable to fully contribute you are invited to contact the Business Manager in confidence. Payments are to be made using ParentPay or PayPoint, and need to be made by Friday 27<sup>th</sup> May 2011.

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

Can I also take this opportunity to inform you that the GCSE Astronomy exam takes place on Thursday 9<sup>th</sup> June 2011 and therefore the last after school session will take place on the preceding Wednesday. I have been very impressed by the enthusiasm and commitment shown by the pupils on what has been a very demanding course.

Yours sincerely,

**Dr S.Taylor**

**Subject Leader -Physics**

**Mrs A. McPartland**

**Business Manager**

**REPLY SLIP : Please return to Dr S Taylor (S17) by Friday 27<sup>th</sup> May 2011**

**Visit to Jodrell Bank and ESR Technology on Tuesday 19<sup>th</sup> July 2011.**

**STUDENT NAME:** \_\_\_\_\_ **FORM:** \_\_\_\_\_

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

**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)