



Headteacher: Mr. M. Smallwood

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October 2011

Dear Parent/Carer,

It is with pleasure that we write to inform you that your child has been chosen as a member of the team that will represent Sale Grammar in this year's UK Mathematics Trust Team Maths Challenge.

The final will take place on **Wednesday 2<sup>nd</sup> November** at The Alan Turing Building, University of Manchester, Manchester M13 9PL.

This is a national competition which combines mathematical, communication and teamwork skills and offers pupils another way to express and develop their enjoyment of Mathematics. In order to promote this work, local media may be invited to come along and report on the day. So I would be grateful if you could give permission for your son/daughter to be photographed or filmed if he/she is asked, or if he/she is captured in the background of a shot or better still is a member of the winning Regional Team.

We will need to leave school at approximately 12.05pm, and unless you request an alternative arrangement we will dismiss the students from the University of Manchester at 5pm when the challenge finishes. We will be travelling by tram, and then walking.

If you give permission for your son/daughter to take part in the challenge, please complete the attached reply slip and return it to me by Friday 21<sup>st</sup> October. Please do not hesitate to contact me should you have any queries.

Yours sincerely

**Miss A Hayward**  
**Key Stage 3 Co-ordinator for Mathematics**  
(Direct e-mail: [alh@salegrammar.co.uk](mailto:alh@salegrammar.co.uk))

**Mrs A McPartland**  
**Business Manager**

**REPLY SLIP:- PLEASE RETURN TO Miss Hayward by 21<sup>st</sup> October**

Maths Team Challenge – Wednesday 2<sup>nd</sup> November

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

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

I/We give permission for our son/daughter to be photographed/filmed as part of the day.

**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.

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Signed \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Carer)