



Headteacher: Mr. M. Smallwood

Registered Office:

Marsland Road, Sale,

Cheshire, M33 3NH

Tel: 0161 973 3217

Fax: 0161 976 4904

Email: office@salegrammar.co.uk

Website: www.salegrammar.co.uk

Company Number: 07538380

VAT Number: 120951441

1st November 2011

Dear Parent/Carer

As part of the AS Level Religious Studies course, the department has organised a trip to the Manchester Buddhist Centre on Thursday 24th November.

There will be a guided tour of the Centre and a brief lecture will be given on aspects of the Buddha's teaching. This is an excellent opportunity for students to enhance their knowledge and understanding of two vital aspects of the AS course, and it should be a valuable learning experience.

We shall be travelling by metrolink from Sale Grammar, departing at 9.30am and should hopefully return to school by 1.00pm in time for lunch and afternoon lessons.

Please note that depending on students individual timetables, some students may wish depart the metrolink at a different station to Brooklands, we will permit students to do this.

The cost of the visit is £5.60 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 11th November

If you wish your son/daughter to participate in the above activity please complete the attached reply slip and return it to your son/daughter's Religious Studies teacher by Friday 11th November.

Yours sincerely

Mrs A Irrgang
Head of Religious Education

Mrs A McPartland
Business Manager

REPLY SLIP:- Please return to your son/daughter's Religious Studies teacher by Friday 11th November.

Visit to Manchester Buddhist Centre on Thursday 24th November.

STUDENT NAME: _____ **FORM:** _____

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

I/We are aware that depending on our son/daughter individual timetable they will be permitted to depart at a different station to Brooklands metrolink.

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)