

May 2011

Dear Parent/Carer,

We are entering a team of four students into the Salters' Festival Chemistry 2011 competition. The four students will be selected from the Science Club via a lottery system (all students who hand in the reply slip by 8.35 am on Tuesday 24th May will be entered into a draw). The actual competition will take place on **Friday 24<sup>th</sup> June 2011** at the University of Manchester.

The festival is a full school day event which starts at 9.30 am and will be finished by 3.30 pm and we will therefore be leaving school at 8.40am and will return by 4.30pm. The students will be accompanied by Dr Davies who will transport the students to and from the event in a taxi. The students will need to make their own travel arrangements home from school.

All students should bring **a packed lunch** as lunch will not be provided by the University. For any student on the free school meal register we will be able to provide a packed lunch which can be collected on the morning of the visit, please make sure you indicate on the attached reply slip if you require a packed lunch for your child and we will make the necessary arrangements.

The students will receive participation certificates and fun prizes. Furthermore, prizes will be awarded to the winning schools and members of the winning teams will additionally receive individual prizes and certificates.

If you would like your son/daughter to attend, please sign the slip below and return it to Dr Davies or Mrs Bristowe by Tuesday 24th May. You will receive confirmation as to whether your son/daughter has a place on this visit.

Yours sincerely,

**Dr Davies**  
**Visit Leader**

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

**Visit to Salters' Festival of Chemistry 2011 on Friday 24th June 2011 at the University of Manchester.**

REPLY SLIP:- PLEASE RETURN TO: Dr Davies or Mrs Bristowe - S13/S21/S24

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

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

Our son/daughter is on the free school meals register and we wish a packed lunch to be provided for this trip.

**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)