



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

19th September 2011

Dear Parent/Carer,

STAR Lecture Series – Professor Dame Nancy Rothwell

I am pleased to be able to offer your child the opportunity to attend this event. The lecture is part of the Manchester Science Festival and will take place at University of Manchester's Hulme Hall on **Tuesday 18th October 2011**.

The Star lecture series is a celebration of Science across the city and Greater Manchester. The lecture will be aimed at sixth form and college biology students, and the focus of the talk will be the brain. Professor Rothwell will link her area of research expertise to the A-level biology curriculum and talk about some of the work she is currently involved in with a particular focus on brain disorders.

The event will take place in Hulme Hall on the University campus from **1pm to 3pm**.

This event is **free of charge** but the students are expected to **make their own travel arrangements to and from Hulme Hall**, and will be required to leave school at the start of period 3.

There are only 25 places available which will be allocated on a **first come first served** basis.

If you wish your son/daughter to participate in the above activity please complete the attached reply slip and return it to Mrs Bristowe, the Science Support Assistant, in room S24/ S13.

Yours sincerely,

Mrs M Hughes

Head of Biology

Mrs A McPartland

Business Manager

Please return the completed form to Mrs Bristowe in S24/ S13

Professor Dame Nancy Rothwell Lecture at Hulme Hall, University of Manchester on Tuesday 18th October 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)