

May 2011

Dear Parent/Carer,

We have been invited by Manchester Metropolitan University (MMU), School of Biology, Chemistry & Health Science, to take part in a spectroscopy tour. The tour will comprise of students using a GC and an IR spectrometer, observing a modern superconducting NMR spectrometer and the opportunity for students to run their own sample on a fixed magnet NMR spectrometer. The tour is for a **maximum of forty** students (if the tour is oversubscribed the students will be selected via a lottery draw) and will take place on **Tuesday 21st June 2011**.

The tour is a full school day event which starts at 10.00 am and will be finished by 3.15 pm. **The students are expected to make their own travel arrangements to and from MMU.**

The tour will enhance your child's learning and understanding of the Organic Chemistry studied in Unit 4, which he/she will be examined on externally in the January 2012 A2 modular examinations.

All students should bring **a packed lunch** as lunch will not be provided by the university. For any student on the free school meals 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.

If you would like your son/daughter to attend, please sign the slip below and return it by Friday 20th 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

Spectroscopy Tour, MMU on Tuesday 21st June 2011

REPLY SLIP:- Please return by Friday 20th May to: Dr Davies/ 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.

I/we understand that our son/daughter will be required to make their own way to and from MMU.

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)