19 January 2016

Dear Parent

I am writing to inform you that your child was nominated by the school last term to attend the Royal Institution Mathematics Masterclass series.

The classes will take place on Saturday morning, 9.30am until 12.30pm, from 23rd January 2016 and then weekly until 12th March 2016. Due to the school holidays, there will be no classes on the 13th and 20th February 2016.

The class will be held at the Civic Centre in Uxbridge. Please ensure you make the relevant arrangements for your child to be dropped off and collected from the event.

Your child will need to arrive by 9.15am for registration and will need to bring the following to each session:

* Notebook, pen and pencils (in at least two different colours)
* Mathematical instruments including a ruler, protractor and compasses.
* Scientific calculator
* Drink and small snack for the mid-morning break.

Please complete and return the attached permission/emergency contact form by 22nd January 2016.

Yours sincerely

**Ms M Steven**

**Maths Teacher**



**Return to: Ms M Steven**

I give my permission for (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (Form Group) \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Royal Institution Mathematics Masterclass series.

I give my permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

**ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:**

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If your child suffers from Asthma please ensure that the appropriate medication is provided. **If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.**

***EMERGENCY CONTACT DETAILS:***

*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HOME NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MOBILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**