

3 May 2017

Dear Parent/Carer

PLACE AND DATE OF VISIT

We are pleased to be able to offer your child the opportunity to participate in the educational activity outlined below. Please complete the permission slip and return it as detailed. If you have any further questions please do not hesitate to contact your child's class teacher.

Yours sincerely

Ms. A.M Conboy
Headteacher

EDUCATIONAL VISIT/SPORTING EVENT

Visit Name and location	Manchester Academy Transition Project – Manchester Metropolitan University, All Saints, Manchester M15 6BH
Date and Time	Wednesday, 17 th May 2017 9.15am – Return for 3.00pm
Lead Staff Member	Mrs P Ashcroft
Transport	Walking
Cost	None
Other essential information	All children are required to wear school uniform on the day. Please ensure your child wears appropriate footwear and a waterproof coat. Lunch will be provided for all pupils by Manchester Academy.

Reply slips should be returned to the class teacher by **Friday, 12th May 2017**

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Permission Slip: on **Wednesday, 17th May 2017**

I would like my child _____ Class _____ to visit **Manchester Metropolitan University**

I enclose the contribution of

Parent/Carer Signature _____

Medical Conditions _____

Emergency Contact Numbers 1) _____

2) _____