

TJB/avt  
27 March 2018

Dear Parent(s) / Carer(s)

**Trip No: 4108 - Optional Trip During Term Time to Bishop's Hatfield Girls' School on 1<sup>st</sup> May 2018 – Year 8 (Named Students Only)**

We are writing to invite your child to compete in the regional heats of the team maths challenge. This is a regional event open to teams of four students from Year 8. As an enthusiastic, gifted mathematician your child has been nominated to take part by their teacher. Our teams will spend the evening competing against other schools in our area on Tuesday, 1<sup>st</sup> May 2018 at Bishop's Hatfield Girls' School, Woods Ave, Hatfield AL10 8NL.

The challenge involves different rounds designed to engage and enhance pupils' mathematical thinking, communication and team work skills. It is a thoroughly enjoyable and inspirational event.

The format for the heats will be as follows:

- Round 1: Team round (general)
- Round 2: Memory round
- Break
- Round 3: Estimation round
- Round 4: Team round (general)

The competition begins at 16:00 and finishes at 17:30. We will travel to and from the venue by school mini bus and anticipate our return will be about 1800. Please note students are required to wear their school uniform and some light refreshments will be available. Unfortunately, the hosts are unable to accommodate spectators on this occasion but hopefully there will be capacity for them to watch the grand final which will be on 19<sup>th</sup> June if our team indeed makes it. The top two teams from each heat will be invited to contest the final, along with the four other teams who have performed best across the heats.

In order to promote this work local media may be invited to come along and report on the event, so we would be grateful if you could give permission on the attached slip for your child to be photographed, filmed, or captured in the background of a shot.

There is no cost to the pupils for this trip and will be getting a school minibus to the venue. If your child is able to participate please return the attached slip as soon as possible.

On this occasion the school will be funding the cost of this trip. If you would like your child to go on this optional trip, [please follow this link to complete the consent and payment form](#) (*website: Home/Parents/Forms*) or return the slip attached to this letter. Please note that all trips will be allocated on a first-come, first-serve basis. All cancellations must be provided in writing to the

Finance Office. Once a place is confirmed, you will be liable for all costs incurred by the school up to the point of cancellation.

Please be aware that the school reserve the right to refuse a place on this trip for any pupil whose attendance falls below the acceptable level and/or their behaviour has been a cause for concern. In line with our School Trips Policy, if there is a need to contact your child while they are out of school, please phone Mrs Georgette Knights on 07741559124 or Mr Oliver Price on 07741559129.

Yours faithfully

**Mr T Beech**

Teacher of Mathematics

**Mrs G Knights**

Assistant Head: Director of Finance & Resources

Encl.

# Reply Slip

Trip No: 4108 - Optional Trip During Term Time to Bishop's Hatfield Girls' School on 1<sup>st</sup> May 2018 – Year 8 (Named Students Only)

If you wish to complete this reply slip electronically, then please complete the [consent and payment form on our website by following this link](#)

Student's Name: \_\_\_\_\_

Form: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for the above-named to be photographed, filmed, or captured in the background of a shot.

Medical conditions that we should be aware of:

Please provide us with two emergency contact phone numbers:

Daytime:

Mobile:

## Declaration

I agree to my child taking part in the above mentioned visit and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part.

To the best of my knowledge, my child is not suffering from any medical condition that makes them unfit to participate in this visit. I agree to my child receiving medical treatment as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Carer