



Headteacher: Mr P Tite

Chair of Governors: Mr P Cassidy  
Strategic Director: Ms A Clynych CBE

A Specialist School in English and Humanities

To the Parent/Carer of

2<sup>nd</sup> February 2015

Dear Parent/Carer

**Year 11 Food Technology Coursework Catch up Session on:**

- Friday 6<sup>th</sup> February 2015 3pm – 6pm
- Saturday 7<sup>th</sup> February 2015 9.30 – 2pm
- Thursday 12<sup>th</sup> February 2015 3pm – 6pm
- Wednesday 18<sup>th</sup> February 2015 9.30 – 2pm
- Saturday 28<sup>th</sup> February 2015 9.30 – 2pm

We are pleased to be able to offer your child the opportunity to participate in the coursework catch up sessions outlined overleaf. It is really important that the students attend to ensure they pass their Food Technology GCSE.

If you do have any further questions please do not hesitate to contact the school. In the meantime, thank you for your continued support.

Yours faithfully

Mr P Tite  
Headteacher



## **TRIP/EVENTS DETAILS**

### **Visit Name and Location**

Year 11 Food Technology Coursework Catch up Sessions

### **Date and Time**

Friday 6<sup>th</sup> February 2015 at 3pm – 6pm  
Saturday 7<sup>th</sup> February 2015 at 9.30 – 2pm  
Thursday 12<sup>th</sup> February 2015 at 3pm – 6pm  
Wednesday 18<sup>th</sup> February 2015 at 9.30 – 2pm  
Saturday 28<sup>th</sup> February 2015 at 9.30 – 2pm

### **Lead Teacher**

Miss Irwin

### **Other Essential Information**

We will be providing coursework catch up sessions for students that are behind on their Food Technology coursework. It is essential that students attend in order to pass their Food Technology GCSE.

Students are to bring a packed lunch for the day.

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### **Permission Slip: Year 11 Food Technology Coursework Catch up Sessions on:**

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Wednesday 18<sup>th</sup> February 2015 at 9.30 – 2pm  
Saturday 28<sup>th</sup> February 2015 at 9.30 – 2pm

I confirm that my child will be attending the Food Technology coursework catch up sessions.

Student's Name \_\_\_\_\_ Form \_\_\_\_\_

Parent/Carer signature \_\_\_\_\_ Date \_\_\_\_\_

Medical conditions \_\_\_\_\_

Emergency contact number \_\_\_\_\_