



BROOKVALE GROBY LEARNING CAMPUS

Valuing Everyone, Achieving Excellence

Robert Coles, Headteacher

Telephone: 0116 287 9921 Website: www.brookvalegroby.com

Ref: ZPA/DLE
8 March 2019

Dear Parent/Carer

Maths Challenge 1 April 2019

It is with great pleasure that we write to inform you that your child has been chosen as a member of the team that will represent the school at the Regional Final of this year's UK Mathematics Trust Team Maths Challenge.

This Final will take place on Monday 01 April 2019. The venue will be Castle Rock High School, Meadow Lane, Coalville, Leicestershire LE67 4BR. The UKMT has been running this team competition since 2003 and last year's event was very enthusiastically received by those schools which participated in both the Regional and National rounds.

The competition combines mathematical, communication and teamwork skills and offers students another way to express and develop their enjoyment of mathematics. In order to promote this work, local media may be invited to come along and report on the day, so I would be grateful if you could give permission for your child to be photographed or filmed if he/she is asked, or captured in the background of a shot, or is a member of the winning team.

We will need to leave school at approximately 9.30 and will be returning at 3.30pm. Therefore please ensure you have arrangements in place to get your child home safely from campus. We will be travelling in our school bus and will need your permission to transport your child to and from the venue. **Please provide your child with a packed lunch and cold drinks.**

Yours sincerely

Z Paine

Zoe Paine, Mathematics Teacher

Please return this slip to Zoe Paine, Maths Teacher, by Friday 15 March

Name: _____ Form: _____

I hereby give permission for my child to take part in the UKMT Team Maths Challenge.

He/she will be able to travel in our school minibus.

I give permission for photographs/videos to be taken.

I will arrange for my child to get home safely when the minibus returns to campus at 3.30pm

Signed by _____ (Person with legal responsibility for the young person)

Please state any medical conditions: _____