

Ref: 100/18

19<sup>th</sup> September 2018

Dear Parent / Guardian,

**KS3 Astronomy Club permission letter**

Your son would like to take part in Astronomy Club which St Margaret's Science Department is running.

The club will be taking place every Monday afterschool from 3.15 - 4.00 pm in Room 16.

Please let me know if are happy for your child to attend this club by completing the reply slip below and returning it to the Science Office. If your child is in Year 7 or 8 he will need your permission to use the virtual reality headset. Please indicate that you are happy for them to use this on the slip below.

Yours faithfully

Mr S.Martin  
Teacher of Physics.

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**REPLY SLIP To:-** The Science Office room by Thursday 4<sup>th</sup> October 2018

Student: \_\_\_\_\_

Form: \_\_\_\_\_

I give permission my son to attend the Astronomy Club on Mondays from 3.15-4.00 pm

Signed: \_\_\_\_\_ (parent/carer)

Date: \_\_\_\_\_

Telephone No. for emergency contact: \_\_\_\_\_

I **do/do not** give permission for my son in Year 7 or 8 to use the virtual reality headset in Astronomy club and verify that they do not have epilepsy or any other condition that may be triggered by flashing lights or use of a VR headset.

Signed (permission for use of VR headset) \_\_\_\_\_