MAIDSTONE GRAMMAR SCHOOL
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Dr ND Argent BA
Headmaster

Dear Parent/Guardian,

'Blood and Guts' Walk – A Taste of Archaeology – Saturday 10th October 2009

I am writing to make you aware of the opportunity for you and your son to take part in the 'Blood and Guts' tour of Maidstone that is currently being arranged by Maidstone Grammar School Parent's Association.

The tour is being organised by Mr Kinsey, both a member of the committee and a local Weapons and Landscape Archaeologist. This is an excellent opportunity for your son to meet other Year 7s and to gain some background information of some of the topics that are covered in Year 8 in History lessons; as well as helping to raise money for the school.

The running order of the day is as follows: You will need to meet in the School Refectory by 11am, the tour should last approximately 3 hours and there is an introductory talk at the beginning. There will be refreshments available and there is a quiz for your son to complete during the tour.

Unfortunately, the tour is limited to 40 student places and will be awarded on a first come first serve basis; so I would encourage you to book early to avoid disappointment. The cost is £1 for students and £1.50 for adults. To reserve a place, please fill in the reply slip below and return it with payment to the Bursary by **Friday 2nd October**. Cheques can be made payable to 'Maidstone Grammar School'.

If you have any questions please do not hesitate to contact me via the school office.

Yours sincerely,
Mr T Willis
(MGS PA – Staff Representative)

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'Blood and Guts' Walk – A Taste of Archaeology – Saturday 10th October 2009
Return To: The Bursary With Payment by Friday 2nd October 2009.

Name: ……..…. Student's name and form: ……..……

I would like to reserve……student place(s) and……place(s). I therefore enclose the relevant

payment of £……..

In the event of an emergency in my absence, I give permission for the person in charge of the school party to give consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

Signed…….……(Parent/Guardian) **Date ……..**