

Wellington School Maths Challenge Invitation

Dear Parents and Carers,

I am delighted to inform you that our school's application to take part in the Wellington School Maths Challenge has been successful. This is an exciting opportunity for our pupils to work together, test their problem-solving skills, and enjoy a morning of mathematical challenges in a fun and stimulating environment.

Event Details

Venue: Wellington School, Princess Royal Sports Complex

Date: Saturday 29 November

Timings:

- 9.00 – 9.50am: Arrival and registration in the Princess Royal Sports Complex
- 10.00 – 11.00am: Maths Challenge (held in the Maths Department, Northside)
- 11.00–11.30am: Refreshments and marking of answer scripts
- 11.30 – 12.00 pm: Presentation of prizes

Pencils and paper will be provided; no equipment is required. Parking is available both on site and nearby, and helpers will be present to guide visitors to the event.

Please note that each school is asked to provide at least one contact telephone number for the duration of the event. This ensures that a responsible adult can be reached if necessary.

If our team is placed first, second, or third, Wellington School would like to take a team photograph for the local press. Please indicate on the form below if you do not wish your child's photograph to be used.

We hope this event will inspire our pupils to enjoy mathematics and teamwork in a supportive and engaging atmosphere. Practice papers are available on the Wellington School website at:

www.wellington-school.org.uk/senior/academic/departments/mathematics

Please complete and return the slip below by 23rd October to confirm your child's participation.

We look forward to an enjoyable and inspiring morning of mathematics!

Yours sincerely,

Monica Cook

Wellington School Maths Challenge – Acceptance Slip

Child's Name: _____

Class: _____

I give permission for my child to take part in the Wellington School Maths Challenge on Saturday 29 November.

I am happy for my child's photograph to be used in the local press if their team is placed.

I do NOT wish my child's photograph to be used.

Emergency Contact Name: _____

Phone Number: _____

Signed (Parent/Carer): _____

Date: _____