



**Archbishop Blanch School** Voluntary Aided  
 Church of England High School 80 Earle Road, Liverpool L7 6HQ  
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Acting Headteacher: Mrs C Madeloso BA(Hons), MA, PGCE, NPQH

Archbishop Blanch  
 SCHOOL

30 October 2018

Dear Parent/Carer

As an additional learning activity, the MFL Department has arranged for Year 11 MFL students to participate in a French restaurant visit. The event will take place on Thursday 8 November 2018 between 4:15pm and 6:15pm and we have chosen Bistro Pierre, Button Street for the restaurant to visit. Students will be joined by MFL staff and will have the opportunity to develop their knowledge of French food and drink in a restaurant setting. Students will have the opportunity to order their meal and drinks in French and all students will be encouraged to develop their French speaking skills with their accompanying teachers.

There will be a £13.50 charge for the meal, which will include two courses. Payment will need to be made by Friday 2 November 2018, via the school gateway full details of which can be found on the School's website.

Staff will meet students from 4.00 pm for a 4.30 pm meal and then dismiss all students from the venue by 6:15pm. Your daughter would need to make her own arrangements to travel independently to the restaurant and would meet staff at the event. She would then make her own arrangements for her journey home, with staff dismissing students by 6:15pm from the restaurant.

Should your daughter wish to participate in this event I would ask you to complete the reply slip below with all necessary details. Please return this slip to Mrs Irving by Friday 2 November 2018. If you have any questions, please contact Mrs Irving at school.

Yours sincerely

Mrs L Irving  
 Teacher of MFL

Mrs C Madeloso  
 Headteacher

**Permission Slip: Year 11 MFL Restaurant Visit – please return by 2 November 2018**

I give consent for my daughter to attend the restaurant visit for French and travel independently to and from the event at Bistro Pierre, Button Street, Liverpool. I give permission for my daughter to receive first-aid/emergency treatment if required.

My daughter **does not have a food allergy / does have a food allergy**  
 (please delete as appropriate and provide details where necessary)

Full name of student: \_\_\_\_\_ Form: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

Name of Parent/Carer & Emergency Contact Number on Thursday 8<sup>th</sup> November: \_\_\_\_\_

