



# Cardinal Pole Catholic School

Cardinal Pole Catholic School  
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[www.cardinalpole.co.uk](http://www.cardinalpole.co.uk)

Headteacher: Ms J Heffernan  
Follow us on Twitter @CardinalPoleRC

1<sup>st</sup> February 2018

Dear Parent/Carer,

## YEAR 10 USING MATHS IN THE CITY TRIP 6<sup>TH</sup> FEBRUARY 2018

We would like to invite selected year 10 students to the offices of Société Générale Investment Bank. The purpose of this trip will be for students to see how Mathematics is used within financial services. It should provide them with a challenging afternoon, where they will get to try out different problems alongside build their knowledge of careers within the City of London.

### Details of the trip:

<b>Venue:</b>	Société Générale, 1-10 Bishops Square, London, E1 6EG, UK
<b>Date(s):</b>	6 <sup>th</sup> February 2018
<b>Time:</b>	Leave school at 11am and return by 4:45pm
<b>Travel arrangements:</b>	253 bus from Mare Street to Aldgate
<b>Cost:</b>	Please bring Oyster Card
<b>Meals:</b>	Please bring a packed lunch (Free School Meals will be provided)
<b>Special Clothing:</b>	Full school uniform

Please be assured that the students will be accompanied to and from the venue, as well as being fully supervised for the entire trip. If there are any concerns regarding the trip, please feel free to contact me on the above number.

Please complete the attached reply slip below and return it to me by 5<sup>th</sup> February 2018. Please Note: No child will be allowed to attend the trip without a completed reply slip. **If you do not want to attend the trip, please let Mr Egan or Mr Howard know as your place can be offered to another student.**

Yours faithfully

Mr J Egan  
**Career Guidance Manager**

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### **REPLY SLIP: YEAR 10 USING MATHS IN THE CITY TRIP 6<sup>TH</sup> FEBRUARY 2018** **PLEASE RETURN TO MR EGAN BY MONDAY 5<sup>TH</sup> FEBRUARY 2018**

I give permission for my child to attend the trip to Société Générale.

Student Name:..... Form:.....  
(please print)

Medical Condition/Allergies:.....

Emergency Contact Name and Relationship to Child:.....

Emergency Contact Number:.....

### **Please tick one of the boxes below**

- My child will be collected from school
- My child can leave from the station on the way home

Signed:..... (Parent/Carer) Date:.....

