



Mrs Sara Boyce MA N.P.Q.H

T: 01525 261620

High Ash C.E. Primary School
Pound Hill, Great Brickhill,
Milton Keynes, MK17 9AS

office@highash.bucks.sch.uk
www.highashschool.co.uk

Grow Together Shine Forever

14th November 2018

Dear Parents/Carers,

Our next Year 5 and 6 7-a-side football league match will take place **Thursday 22nd November**.

Your child _____ in class _____ has been chosen to represent High Ash at this **Football League game (Away) against St Michael's School, Chapel Square, Stewkley, Leighton Buzzard, LU7 0HA**. We will be leaving school at 3.00pm. Kick off will be at 3.15pm and will finish at around 4.15pm.

We do require parents to transport their children to St. Michael's School and back home. Please indicate if you are able to do this on the reply slip below and **return to the school office Tuesday 20th November**. Please also confirm on the reply slip below if you are happy for your child to be included in a team photograph if one is taken for our newsletter and website and if your child is to be brought back to school and is to go straight to wraparound care. Supporters are more than welcome!

Please provide your child with shin pads, football boots and a non-fizzy drink for the game. Matches are 15 minutes each way with 5 minutes extra time if necessary.

Please respect the Child Protection Act and refrain from taking any photographs. No cameras or camcorders are permitted. Please also ensure you let us know if there are any changes to be made to your child's Annual Medical Consent form on the slip below.

Many thanks for your support.

Yours sincerely

Mr Stephen Brooks
Sports Coordinator

Football - High Ash CE v St. Michael's School (Away) - Thursday 22nd November

My child _____ in class _____

****Please delete where appropriate***

Will / will not be able to take part in the above Football game

I am happy for my child to be included in a team photograph Yes ☐ No ☐

My child will need to be brought back to High Ash and be taken to wraparound Care Yes ☐ No ☐

Please tick one of the following statements;

- I am able to transport my child
- I am able to transport ____ (no. of) children to St. Michael's School
- My child will need transporting to St. Michael's School. I will arrange to collect my child at 4.15pm. I give my permission for another adult to take my child to this event.

There has / has not been any changes to my child's annual medical consent form
If there are any changes to your child's annual medical consent form, please state below: -

Signed: _____ Print: _____
(Parent/Carer)

Please return this reply slip to the school office by Tuesday 20th November. Thank you.

