



Mrs Sara Boyce MA N.P.Q.H

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*Grow Together Shine Forever*

9<sup>th</sup> January 2019

Dear Parents/Carers

Your child \_\_\_\_\_ in class \_\_\_\_\_ has been selected to represent High Ash CE in a **Years 5 and 6 Basketball Festival at Sir Thomas Fremantle School, Buckingham Road, Winslow, Buckingham MK18 3GH on Tuesday 15<sup>th</sup> January, 3.45-5.45pm.** We do require parents to transport their children to the festival and back home. Please indicate if you are able to do this on the reply slip below and **return to the school office by Friday 11<sup>th</sup> January.** 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. Supporters are more than welcome! **Children may be collected from school at 3.00pm** to allow you time to get to your destination.

Children will need to make sure they bring their PE kit to school. Pupils will need an extra drink and a warm jumper.

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

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**Years 5 and 6 Basketball Festival @ Sir Thomas Fremantle School  
Tuesday 15<sup>th</sup> January 2019**

My child \_\_\_\_\_ in class \_\_\_\_\_

*\*Please delete where appropriate*

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

I am / am not happy for my child to be included in a team photograph

Please tick one of the following statements;

- I am able to transport my child
- I am able to transport \_\_\_\_\_ (**no. of**) children to Sir Thomas Fremantle School
- My child will need transporting to Sir Thomas Fremantle School. I will arrange to collect my child at Sir Thomas Fremantle School at 5.45pm. I give my permission for another adult to take my child to the Festival.

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: -

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

**Please return this reply slip to the school office by Friday 11<sup>th</sup> January. Thank you.**

