



Mrs Sara Boyce MA N.P.Q.H

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Grow Together Shine Forever

5th February 2019

Dear Parents/Carers,

Our next Year 5 and 6 7-a-side football league match will take place **Thursday 14th February**.

Your child _____ in class _____ has been chosen to represent High Ash at this **Football League game (Away) against Newton Longville Primary School, School Dr, Newton Longville MK17 0BZ**. We will be leaving school at 3.20pm. Kick off will be at 3.45pm and will finish at around 4.15pm.

We do require parents to transport their children to Newton Longville Primary 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 12th February**. 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 Newton Longville Primary School (Away) - Thursday 14th February

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 Newton Longville School
- My child will need transporting to Newton Longville School. I will arrange to collect my child at 4.15pm from Newton Longville School. 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 12th February. Thank you.

