

13th March 2019

Mrs Sara Boyce MA N.P.Q.H

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Grow Together Shine Forever

Dear Parent/Carer ofClass:Class: **CONGRATULATIONS!** Well done to our KS2 Dance Extravaganza Team who came second in the inter-school dance competition getting them through to the finals. The finals are due to take place at The Buckingham School, Buckingham - Main Hall on Monday 25th March. Rehearsal time will be from 4.00-4.45pm in the Sports Hall. The show begins at 5.00pm and finishes at 7.00pm. Parents will not be permitted to enter until 4.50pm. We have only been allocated 1 ticket per child. If you wish to come along and watch the dances, please indicate below. The children will also be performing the dance on Friday 5th April at the last star assembly of the term. We do require parents to transport their child to and from this event. If you are not able to, please give permission for another adult to transport your child to this event. All parents must be able to collect their child from The Buckingham School at 7.00pm or must have made arrangements with another parent to do this on your behalf. If you have made your own arrangements for another parent to transport your child to The Buckingham School and back home, please ensure you inform the office. Could you please also confirm if you are happy for your child to be included in a team photograph which will be included in our weekly newsletter and placed on our school website. Please complete the form below and return to the school office by Wednesday 20th March. Yours sincerely Mr Stephen Brooks **Sports Co-ordinator**

Child's name	Class	is / is not able to attend the Dance
finals to be held at The Buckingham School.		
Please tick the appropriate statement / * delete as appropria	te	
I am able to transport my child to the event	and back home af	ter
I am able to transport (no. of children) to The Buckingha	am School
I am / am not happy for my child to child to be inclu	uded in a team pho	otograph*
my child & I will collect my child from The B	Buckingham School	give my permission for another adult to transport at 7.00pm. (Please give name & contact details) Contact No:
Please reserve me 1 Ticket		
There has / has not been any changes to my child's	medical consent fo	orm* (any changes should be marked below).
Signed (Pare	ent/Carer) Print	·











