



Mrs Sara Boyce MA N.P.Q.H

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Grow Together Shine Forever

Dear Parents/Carers,

5<sup>th</sup> November 2019

Your child \_\_\_\_\_ in class \_\_\_\_\_ has been invited to the inter-schools **Football League Match at Overstone Combined School, Church Street, Wing, Leighton Buzzard, Bedfordshire, LU7 0NY on Thursday 14<sup>th</sup> November 2019, 3.30-4.30pm.**

We do require parents to transport their children to the football match and back home. Please indicate if you are able to do this on the reply slip below and **return to the school office by or before Monday 11<sup>th</sup> 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. **Children can be collected promptly from school at 3.10pm to arrive at Overstone School for 3.30pm.**

Children will be provided with a school football kit (which needs to be washed and returned to school ASAP after the event). Pupils will also need an extra drink and a warm jumper as well as shin pads and football boots.

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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**Football Cup Match vs Overstone Combined School  
Thursday 14<sup>th</sup> November 2019**

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

*\*Please delete where appropriate*

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

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 Overstone School
- My child will need transporting to Overstone School. I will arrange to collect my child from Overstone School at 4.30pm. I give my permission for another adult to take my child to the match.

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 or before **Monday 11<sup>th</sup> November**. Thank you.

