



Mrs Sara Boyce MA N.P.Q.H

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Grow Together Shine Forever

Dear Parents/Carers,

11th February 2020

Your child _____ in class _____ has been invited to the **Year 3-4 Basketball Finals at The Buckingham School, London Road, Buckingham, MK18 1AT on Tuesday 25th February 2020, 3.45-5.30pm.**

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 or before Friday 14th 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. **Children can be collected promptly from school at 3.10pm** to arrive at The Buckingham School for 3.45pm.

Children will be provided with a school sports festival PE 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 the appropriate footwear.

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

**Yr3-4 Basketball Finals @ The Buckingham School
Tuesday 25th February 2020**

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 The Buckingham School
- ☐ My child will need transporting to The Buckingham School. I will arrange to collect my child from The Buckingham School at 5.30pm. 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: -

Signed: _____ Print: _____
(Parent/Carer)

Please return this reply slip to the school office by or before **Friday 14th February**. Thank you.

