



The Grange Community Junior
School
Wren Way
FARNBOROUGH
Hampshire
GU14 8TA

30 November 2023

Sample Parent

Email:

adminoffice@grange.hants.sch.uk

Phone: 01252542196

Website:

<http://www.grange.hants.sch.uk>

Sample Student (Year 1, Samples)

YR5+6 FOOTY JAN-MAR 2024

YR5+6 FOOTBALL CLUB

Jan-Mar 2024

Dear Parents/Carers

The Football Club will be starting again on 3rd January 2024 and is open to year 5+6 only. The club will be run by **66 Coaching**, and will run after School on a Wednesday from 3:20 to 4:20pm on the following dates:

03.01.2024 07.02.2024 06.03.2024
10.01.2024 HALF TERM 13.03.2024
17.01.2024 21.02.2024 20.03.2024
24.01.2024 28.02.2024 27.03.2024
31.01.2024

The cost for the twelve sessions is £36.00 in total. If you choose, this can be paid in two installments of £18.00. The first payment made by **3rd January 2024**, and the second payment by **19th February 2024**.

ALL children will have to be collected from school at 4:20pm or given permission to walk home.

We do expect children to stick to the club. In the event of your child being unable to attend a session, we ask **PARENTS** to inform the school. No refunds will be given for any child not attending a session. Extended school activities are run for the benefit and enjoyment of all children, therefore, any child who regularly does not comply with the teacher will be asked to leave the club.

As there are a limited number of places for this club, they will be allocated on a first come first served basis. To ensure your child has a place, please complete and submit this form and make a payment to the school office or via SCOPAY **no later than 3rd January 2024**.

Yours sincerely

Tracey Gomes
Senior Administrator

I would like my Child

Child's name

Class

- Swan
 Swift
 Robin
 Wren

Confirm travel arrangements

My child will be

- Collected at 4:20pm
 Walking home by themselves
 Attending After School Care Club

Choice of payment

Please state whether you will make one or two payments

- I will make one payment to the school office or SCOPAY of £36.00
 I will make two payments to the school office or SCOPAY of £18.00

Parental contact number during club

parent contact number

My child has the following medical conditions

If your child does not have any medical conditions, please put N/A

Medical conditions

I have read the above letter and understand if there is any cause for concern my child will not be allowed to continue with the club.

I hereby confirm that the above information is correct and give permission for my child to attend the YR5+6 Football Club on WEDNESDAYS at 3:20 - 4:20pm.

Parent/Carer Signature

Please print your name in BLOCK CAPITALS

Parent/Carer name in BLOCK CAPITALS

Name:

Date:
