



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

17 June 2025

Sample Parent

Email:  
adminoffice@grange.hants.sch.uk  
Phone: 01252542196  
Website:  
<http://www.grange.hants.sch.uk>

Sample Student (Year 1, Samples)

## **ALL GIRLS FOOTY CLUB SEP-DEC 2025**

# **ALL GIRLS FOOTBALL CLUB**

## **SEP-DEC 2025**

Dear Parents/Carers

The ALL GIRLS Football Club will be starting again on 16th September 2025 and is open to any girls in all the year groups. The club will be run by Miss Gosden, an LSA and Youth Sports Coach. The club will run after School on a Tuesday from 3:20 to 4:20pm on the following dates:

<b>16.09.2025</b>	<b>07.10.2025</b>	<b>04.11.2025</b>	<b>02.12.2025</b>
<b>23.09.2025</b>	<b>14.10.2025</b>	<b>11.11.2025</b>	<b>09.12.2025</b>
<b>30.09.2025</b>	<b>21.10.2025</b>	<b>18.11.2025</b>	
<b>HALF TERM 25.11.2025</b>			

The cost for the twelve sessions is £36.00 in total. If you choose, this can be paid in two installment of £18.00 The first payment made by **8th September 2025** , and the second payment by **4th November 2025**.

**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 8th September 2025**.

Yours sincerely

Tracey Gomes  
Senior Administrator

## I would like my Child

Child's name

### Class

- ☐ Hawk
- ☐ Heron
- ☐ Osprey
- ☐ Owl
- ☐ 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 ALL GIRLS Football Club on TUESDAYS at 3:20 - 4:20pm.

## Parent/Carer Signature

Please print your name in BLOCK CAPITALS

Parent/Carer name in BLOCK CAPITALS

**Name:**

**Date:**

