



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

16 June 2025

Sample Parent

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

Sample Student (Year 1, Samples)

YR3+4 FOOTY CLUB SEP-DEC 2025

YR3+4 FOOTBALL CLUB

Sep-Dec 2025

Dear Parents/Carers

The Football Club will be starting again on 15th September 2025 and is open to year 3+4 only. The club will be run by **Miss Gosden, an LSA and Youth Sports Coach**. The club will run after School on a Monday from 3:20 to 4:20pm on the following dates:

15.09.2025	06.10.2025	10.11.2025	01.12.2025
22.09.2025	13.10.2025	17.11.2025	08.12.2025
29.09.2025	20.10.2025	24.11.2025	
HALF TERM			
INSET DAY			

The cost for the eleven sessions is £33.00 in total. If you choose, this can be paid in two installment of £16.50 The first payment made by **8th September 2025** , and the second payment by the **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

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 £33.00
- ☐ I will make two payments to the school office or SCOPAY of £16.50

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 YR3+4 Football Club on MONDAYS at 3:20 - 4:20pm.

Parent/Carer Signature

Please print your name in BLOCK CAPITALS

Parent/Carer name in BLOCK CAPITALS

Name:

Date:

