



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

27 November 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 JAN-MAR 2026

ALL GIRLS FOOTBALL CLUB

Jan-Mar 2026

Dear Parents/Carers

The ALL GIRLS Football Club will be starting on 13th January 2026 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:

13.01.2026	03.02.2026	03.03.2026
20.01.2026	10.02.2026	10.03.2026
27.01.2026	HALF TERM	17.03.2026
	24.02.2026	24.03.2026

The cost for the ten sessions is £30.00 in total. If you choose, this can be paid in two installments of £15.00. The first payment made by **6th January 2026**, and the second payment by **23rd February 2026**.

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 6th January 2026**.

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 £30.00
- I will make two payments to the school office or SCOPAY of £15.00

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:
