

Ghyllside Primary School

Gillinggate, Kendal,

Cumbria.

LA9 4JB

Tel: 01539 814930

Email: admin@ghyllside.cumbria.sch.uk

Headteacher : Mr.H.B.Davies (BA. Hons)

Dear Parent/Carer,

7th September 2018

Year 4, 5 & 6 Girls After School Football Club taking place on Wednesdays after School until 4.30pm. First Session is Wednesday 12th September; last session is 10th October.

Ghyllside School would like to offer your child the opportunity to participate in a after school football club for a period of 5 weekly sessions starting on Wednesday 12th September. Your child will need their normal P.E. kit; extra warm clothing may be needed; football boots and shin guards are recommended. Please can all parents pick their child up from school unless stated that they have permission from you the parent/guardian to walk home alone. Any child going to Ghyllside after school club will be escorted to the club by Mr Hoare. If the weather is poor the activities will take place in the school hall.

If your child does not wish to take part in any session then we will respect their decision, but we would appreciate notification of non-attendance, if you could let Mr Hoare or the school office know as we are concerned if children don't turn up for the session without any known reason.

Acceptance notice: We will notify you if your child has **not got a place**, otherwise you can assume that as long as children have returned the permission slip to the school office before the cut- off date then they will have a place. Please note that numbers are limited.

Yours in Ghyllside Sport, Mr Hoare.

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Please return to the School Office by Wednesday 12th September:

After School Girls Football Club 3.20-4.30 every Wednesday Starting 12th September.

Child's Name..... Class:

I give permission for my child to take part in the above club.

Parent/Carer's Signature:.....Contact Tel. No.

Please tick as appropriate:

I shall collect my child from GHYLLSIDE SCHOOL HALL ()

My child is attending the after school club after football ()

I give my permission for my child to walk home alone ()

Please make sure I am aware of any special needs your child may have.

