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|  | Glazebury CE Primary School Warrington Road, Glazebury,  Warrington, Cheshire. WA3 5LZ  Headteacher: Mrs K Mowbray BA Hons M.ED |  |
| Telephone: 01925 763234 Fax No 01925 766043  e-mail: [glazebury\_primary@warrington.gov.uk](mailto:glazebury_primary@warrington.gov.uk) [www.glazebury.eschools.co.uk](http://www.glazebury.eschools.co.uk) | | |
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15th February 2018

Dear KS1 Parent/Carer

**Football Match at Culcheth High School on Monday 12th March 2018**

Your child has been selected to participate in a football match at Culcheth High School (Astroturf)

on Monday 12th March 2018 after school.

The children will be leaving school on a Culcheth High School minibus at 2.30pm and we anticipate the minibus will arrive back at Glazebury CE Primary School at around 5.00pm.

The children will be provided with a school sports kit, please can you ensure you child brings football boots/trainers, shin pads, a waterproof coat and an additional water bottle / snack for after school.

You are very welcome to come and watch the football match and support the children. If you wish you can collect your child directly from Culcheth High School rather than them returning to school on the minibus.

Mr Snelson will travel on the mini-bus along with the children as additional support for Mrs Mowbray or Mrs Jones who will be driving the minibus.

Please can you complete the consent slip below and return to school by Friday 2nd March.

Yours sincerely

Mrs Mowbray

Headteacher

……………………………………………………………………………………………………………………

**Football Match at Culcheth High School on Monday 12th March**

I give consent for my child …………………………………………….. to attend the football match and travel on the school minibus.

* My child will return to Glazebury Primary school on the minibus for collection by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My child will return to Glazebury Primary school on the minibus and go to ASC
* My child will be collected directly from Culcheth Community Primary School by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following allergies/medical conditions (to be aware of) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_