23rd May 2011

Dear Parents/Carers,

I am pleased to inform you that your son/daughter has been selected to represent the school in the **5 aside Trafford Schools Football Cup Competition**, being held at Manchester United Football Foundation, Partington Sports Village on **Thursday 16th June 2011**.

The pupils will be travelling to the competition by hired minibus, leaving school at 12.30pm. **The competition is scheduled to start at 1.00pm and finish at approx 4.30pm**. Pupils will meet at the gym changing rooms at 12.05pm to get changed into their outdoor PE kit and therefore will miss period 4 and period 5. Students need to bring a packed lunch, plenty to drink and are also advised to bring a warm top and tracksuit bottoms to wear incase of bad weather. Parents are welcome to come and watch and are encouraged to provide transport home after the event, although the school mini-bus will be returning to school.

Please find attached:

1. A request form to gain permission on the trip
2. A reply slip gaining parental permission to miss school

Please complete the attached reply slips and return to Mr Taylor by Friday 27th May 2011. In order for pupils to participate in this competition and miss periods 4 and 5, they must complete the request form by **obtaining permission from the class teacher of the subject they will miss and their Head of Year.** If work or recent behaviour is of below standard for that particular lesson, then the subject teacher has the right to refuse permission to attend the fixture.

If you require any further information please do not hesitate to contact me.

Yours faithfully

Mr J. Churchill
PE Teacher/School Sport Co-ordinator

Mrs A. McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO **Mr Taylor** BY **Friday 27th May 2011**

Visit to **Man Utd Football Foundation, Partington Sports Village** on **Thursday 16th June**

STUDENT NAME: _____ DATE: _____

I/We give permission for our son/daughter to participate in the above trip/activity

I/We will arrange transport home or back to school for our son/daughter after the event

I/We would like our son/daughter to return to school via the hired transport.

EMERGENCY CONTACT DETAILS
Please provide contact details below:

CONTACT NAME:_____

RELATIONSHIP TO STUDENT: _____

CONTACT NUMBER/S: _____

MEDICAL INFORMATION
Please detail any medical conditions/medication that your child has/is taking.

_____

_____

Signed_____ Date: _____
(Parent/Carer)