

4th May 2011

Dear Parents/Carer,

I am pleased to inform you that your son/daughter has been selected to represent the school in the **Trafford Schools Athletics championship**, at Longford Park, Stretford on **Wednesday 11th May 2011**.

The pupils will be travelling to the competition by minibus, leaving school at 12.05pm. **The championships are scheduled to start at 1.00pm and finish at 3.30pm-4.00pm**. Pupils will meet at the sportshall at the start of period 4 to get changed into their PE kit and therefore will miss registration, period 4 and period 5. Pupils need to bring a packed lunch and plenty to drink and we would also advise bringing a warm top and tracksuit bottoms to wear before and after the events (spikes can be worn for the races). Parents are welcome to watch and are encouraged to provide transport home or back to school after the event. A mini-bus will be provided for the return journey if necessary.

Please find attached:

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

Please complete the attached reply slips and return to Mr Timms by Tuesday 10th May 2011. In order for pupils to participate in this race and miss period 4 & 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 the PE department.

Yours sincerely,

Mr M Timms
Head of PE Dept

Mrs A. McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO **Mr M Timms** BY **Tuesday 10 May 2011.**

Visit to **Longford Park Stadium, Stretford** on **Wednesday 11th May 2011.**

STUDENT NAME: _____ **FORM:** _____

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

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)