



Headteacher: Mr. M. Smallwood

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2nd November 2011

Dear Parents/Carer

I am pleased to inform you that your son has been selected to represent the Year 9 boy's football team against **The Barlow RC High School, Manchester** in the second round of the Greater Manchester Schools Football Cup. The tie is to take place at The Barlow RC High School, Manchester on **Wednesday 9th November 2011**.

The game is scheduled to kick off at 2.00pm and the **squad will meet at the sportshall to get changed at 1.05pm prompt** and will therefore miss pm registration and period 5. All pupils need to arrive to school in full uniform, complete with a packed lunch, tracksuit and trainers, and their usual football equipment. Pupils will be travelling to the fixture by hired transport and will be supervised by Mr Churchill. We are expected to arrive back at school at approximately 5.00pm.

Please find attached a request form to gain permission on the trip and a consent form for parents to sign.

In order for pupils to participate in this fixture and miss registration and period 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.

Please complete all correspondence and return to Mr Churchill by Tuesday 8th November. If you require any further information please do not hesitate to contact me.

Yours sincerely

Mr J. Churchill
PE Teacher/SSCo

Mrs A. McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO **Mr. Churchill** BY **Tuesday 8th November**

Under 14 GMSFA Football Fixture:

- **Wednesday 9th November v The Barlow RC High School 2.00pm Kick off (Away)**

STUDENT NAME: _____ **DATE:** _____

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)

Physical Education Department

STUDENT SPORTS FIXTURE

Name: _____ **Form:** _____

Activity: Under 14 Greater Manchester Schools Football Cup

Date: Wednesday 9th November

Time: 1pm – 5pm

SUBJECT TO STAFF APPROVAL

PERIOD	SUBJECT	STAFF SIGNATURE
PM Registration		
5		

Approved by: _____ **Date:** _____
(Head of Progress & Learning)

**PLEASE RETURN THIS FORM TO
Mr Churchill by Tuesday 8th November 2011**