



Headteacher: Mr. M. Smallwood

Registered Office:

Marsland Road, Sale,

Cheshire, M33 3NH

Tel: 0161 973 3217

Fax: 0161 976 4904

Email: office@salegrammar.co.uk

Website: www.salegrammar.co.uk

Company Number: 07538380

VAT Number: 120951441

18th January 2012

Dear Parent/Carer

Your daughter has been selected to represent the school at the **U14 North Schools Lacrosse Tournament** on **Thursday 2nd February**. The Tournament will take place at Queen Margaret's School in York and transport will be provided both to and from the venue.

We will be leaving school at 8.00am for a 10.00am start. The event is due to finish at 2.00pm approximately and we will be arriving back at school for 4.00pm. Your daughter will need full PE kit: White polo shirt, black shorts, black skirt, black hockey socks, football boots and Gum Shield (essential) and something warm to wear between matches as well as food and drinks for throughout the day. Pupils can provide their own lacrosse sticks or borrow one from school.

Please could you sign the attached consent form and return it to myself by Friday 20th January. Also your daughter needs to seek permission to miss period 4 and 5 from her teachers under the agreement that she will catch up with any work missed.

Yours sincerely

Miss J Langford
PE Teacher / Head of Progress and Learning Year 10

Mrs A McPartland
Business Manager

REPLY SLIP:- PLEASE RETURN TO **Miss. J. C. Langford** BY **Friday 20th January**

Visit to **Bolton School U14 North Schools Lacrosse Tournament** on **Thursday 2nd February.**

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)