

# Seghill First School

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Headteacher: Miss T Chappell

**T Together**  
**E Everyone**  
**A Achieves**  
**M More**



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06 November 2017

Dear Parents and Carers

We have organised an **after school dodgeball club** for boys and girls in **blue and red class**. The sessions will be provided by a coach from Active Northumberland. He has full DBS clearance.

Dodgeball club will take place after school on **Mondays from 3:15pm – 4:15pm** in the hall. Children must be collected at **4:15pm** from the main entrance at the school office.

The club will start on **Monday 13 November** and run for 5 weeks in total (Mondays 13, 20, 27 November and Mondays 04 and 11 December).

Children need to wear their **school PE kit** (t-shirt, shorts and trainers). We are unable to lend PE kit to children who do not bring their school PE kit for this club. They will also need to bring a **drink**.

The cost for your child to attend these sessions is **£10.00**. If you would like your child to take part, please complete and return the reply slip attached in a named envelope with £10.00 by **Friday 10 November**.

There is a maximum of 20 places available. If more replies are received than the number of places available, names will be put in a hat. **Please assume that your child does have a place unless we tell you otherwise.**

Yours sincerely

Miss Chappell  
Headteacher



**After school dodgeball club for children in blue / red class**

Child's name \_\_\_\_\_ blue / red class

I give permission for \_\_\_\_\_ to attend dodgeball club for 5 weeks on Mondays on-

- Monday 13 November
- Monday 20 November
- Monday 27 November
- Monday 04 December
- Monday 11 December

I will arrange for my child to be collected from the school office at 4:15pm. I understand that my child must be collected on time and will not be allowed to leave school without being collected by an adult known to staff who is at least 16 years old.

I have enclosed £10.00.

I understand that my child needs their school PE kit to attend dodgeball club and they will not be able to attend if they do not have it.

Medical conditions \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return by **Friday 10 November**.