

Thameside Primary School
Manor Road
Grays
Essex
RM17 6EF
Tel: 01375 372188
Email: office.tps@stcleres.coop
Website: www.thamesideprimaryschool.com



Our strength is our difference

Head Teacher: Mr J Fish

15th January 2018

Dear Parents/Carers,

Essex Primary Basketball Friday 19th January 2018

I am delighted to tell you that your son/daughter has been selected to represent the Thurrock Basketball Team at the forthcoming County Basketball Championships. This takes place on the above date with the event running from 9.30am to 3.00pm. This is a huge honour and is a result of their accomplishments in this year's District Basketball.

We will be using the school minibus to travel to the event, details of which are on the letter attached. If your son/daughter normally has a free school lunch can you please indicate this on the return form so we can notify the school cook, who will provide them with a packed lunch. If your son/daughter normally has school dinners they will need to bring a packed lunch with them on the day. I would also recommend that your child brings a bottle of water or squash with them to rehydrate them after each game.

The school will provide your child with a shirt but we recommend they wear plain black shorts and a white t shirt to and from school on that day.

Your child will need to be at school at **8am prompt** in the reception/office area to enable us to get to the event in time.

If there is a problem with any of the above items then please do not hesitate to contact us in the PE department.

If you would like your child to attend then please fill in the slip overleaf and return it asap.

Yours sincerely

Mr A S Bennett



Working in Partnership with **St Clare's**
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I would like my son/ daughter to be included in the County Basketball on Friday 19th January 2018.

I agree to authorise members of staff during the course of the activity to approve such medical treatment for my child as deemed necessary in an emergency or on the advice of a qualified medical practitioner, if I cannot reasonably be contacted in time. (If for religious reasons you are unable to sign this authorisation please contact me as soon as possible so an alternative authorisation slip may be provided.

I have written overleaf any medical conditions from which my child is suffering, together with details of the treatment required.

Signed;parent/guardian

Name of Student:.....tutor group:.....

I can help with return transport: Yes/No ...n/a.....

My child has Free School Meals and will require a packed lunch: Yes/No.....

Form of Consent

Activity:	County Basketball Finals Friday		
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Dates:	19 th January	Child's Name:	
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<p>Medical conditions/history and other relevant information on the student (continue on separate sheet if necessary)</p>
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Signed: (Parent/Guardian)		Date	
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Name: (block capitals) (Parent/Guardian)	
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Address & phone number (please include mobiles)	
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Alternative Emergency Contacts:	Name	Contact Number	Alternative Number
(to be used during the visit in an emergency only)			