



# St Peter's Roman Catholic Primary School

St Peter's Road, Newchurch  
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Headteacher: Mrs Helen Sullivan

Thursday 14th March

Dear Parent/Carer,

\_\_\_\_\_ is one of 2 children chosen to represent our school in the Year 5/6 girls table tennis qualifiers at All Saints Catholic High School on Tuesday 19<sup>th</sup> March. Please can I request that parents pick their child up from school at 3:15pm promptly and take them straight to the venue's sports hall for a 3:30/3:45pm meeting time! Finish time is approximately 5:00 / 5:30pm (depending on your child's progression in the tournament). Your child will need to wear their black PE shorts, a clean yellow school t-shirt and jumper/cardigan as well as a pair of trainers (NOT pumps). They will also need to have a water bottle and maybe a snack for refreshment.

It would be a great help if some parents could help transport children to the venue as some parents may struggle with this. Please can you complete and return the form below to school as soon as possible? Please also let me know if your child needs a lift to the event. Building work has now commenced on the new build at All Saints. This means that parking is very limited so parents will have to park on Haslingden Road. All visitors need to enter through the main reception and then will be directed to the sports hall. Spectators are welcome but your child will be supervised if you wish to leave them!

**A polite reminder that, if relevant, it is parents' responsibility to cancel their child's place at Keys Club within 1 working day of this letter in order to avoid incurring a charge.**

Kind Regards, Miss Lynch (PE subject leader)

☐ My child **will** be attending! I give permission for \_\_\_\_\_ in Year \_\_\_\_\_ to take part in the table tennis competition at All Saints Catholic High School.

☐ My child **will not** be attending! I do not give permission for \_\_\_\_\_ in Year \_\_\_\_\_ to take part in the table tennis competition at All Saints High School.

**If your child will be attending the competition please complete the following:**

Any medical information I need to know about:

Name and telephone number to contact in case of emergencies:

Does your child need a lift to the event? Yes/no

If yes, do you give permission for him/her to travel with another parent/carers who has correct insurance? Yes/no

If you are transporting your child, can you give a lift to any other children? Yes/no

If yes, how many? \_\_\_\_ (We will text you if we need you, thank you! ☺)

If yes, do you have adequate insurance? Yes/no

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Unlocking potential with the keys of love, respect and friendship**

