



**Wellow**  
Primary School

Romsey Road, Wellow  
Romsey, Hants  
SO51 6BG

*Executive Headteacher : Mrs Jo Cottrell*  
*Head of School: Mrs Bethan Larcombe*  
Email: [adminoffice@wellow.hants.sch.uk](mailto:adminoffice@wellow.hants.sch.uk)

Tel: 01794 322201 Fax: 01794 323819

Dear Parents/Carers

All children from Year 1 to 6 are invited to take part in the Romsey Schools Cross-Country Competition, the first of which is in September.

**Venue: Mountbatten School**

**Date: Monday 17<sup>th</sup> September**

**Start time: 4pm**

**Finish time: Children can leave with their parents once they have completed their race.**

**Transport:** Parents to transport children

**Clothing:** PE kit (suitable for the weather), including trainers

**Additional items:** Water bottle

Please complete and return the attached form to the school office by Thursday 13<sup>th</sup> September.

Mrs Lea will be at Mountbatten School to meet the children and take them to our team area. Parents will then need to stay behind the tape in the spectator's area.

Yours sincerely

L Lea

**PE and Sport Leader**



**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE BY NO LATER THAN THURSDAY 13<sup>TH</sup> SEPTEMBER**

**EVENT: CROSS-COUNTRY 1**

**VENUE: Mountbatten School**

**DATE: Monday 17<sup>th</sup> September 2018**

**STARTING AT: 4pm**

**COLLECTION FROM MOUNTBATTEN: After your child's race**

**CHILD'S NAME: .....**

**CLASS: .....**

My child will attend the **Cross-Country Competition at Mountbatten School**

**COLLECTION ARRANGEMENTS**

My child will be collected **from** Mountbatten School by .....

**Contact telephone number of parent/ carer: .....**

My child has a medical condition      **Yes / No**      (please delete as appropriate)

If **Yes** please give details: .....

My child requires medication for the above condition      **Yes / No**      (please delete as appropriate)

If **Yes** please give details including dosage: .....

Medication held in school

Medication to be supplied by parent/carer

Signed .....

Date .....

(Person/s with parental responsibility)