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Romsey Road, Wellow Romsey, Hants SO51 6BG

Executive Headteacher: Mrs Jo Cottrell Head of School: Mrs Bethan Larcombe

Email: adminoffice@wellow.hants.sch.uk

Dear Parents/Carers

Your child has been selected to take part in the New Age Kurling Festival.

Venue: Mountbatten School Date: Friday 21st September 2018

Departure time: 1pm (from Wellow School) Collection time (from Mountbatten): 4pm

Transport: Parents to transport their children to Mountbatten

Clothing: PE kit (we will provide a school top)

Additional items: Water bottle

Please complete and return the attached form to the school office by **Monday 17**<sup>th</sup> **September**. Please let us know as soon as possible if your child if **not** able to attend.

If you are unable to arrange transport, please contact Mrs Lea by email: I.lea@wellow.hants.sch.uk

A member of school staff will accompany the children to this event and we will require **one parent helper** for the afternoon, who is **DBS checked by Wellow School**. Please indicate on the slip if you are able to help.

Yours sincerely

L Lea

**PE and Sport Leader** 

## THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE BY NO LATER THAN *Monday* $16^{7H}$ **SEPTEMBER EVENT: New Age Kurling** DATE: Friday 21st September 2018 **VENUE: Mountbatten School DEPARTING AT: 1pm (from Wellow School) COLLECTION FROM MOUNTBATTEN AT: 4pm** CHILD'S NAME: ..... CLASS: ..... My child can attend the New Age Kurling Festival at Mountbatten School I am able to help accompany the children on the visit (I have a current DBS certificate) PRINT NAME: ..... NB: Mrs Lea will confirm whether your help will be required **TRANSPORT ARRANGEMENTS** My child will be transported to Mountbatten School by ...... My child will be collected from Mountbatten School by ...... I can help transport my child plus ......children if required and have 3 point seatbelts for all of them. I am DBS checked by Wellow School and have completed the school's form for transporting children. Please contact Mrs Lea if you are unable to arrange transport to this event: I.lea@wellow.hants.sch.uk Contact telephone number: 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)