St Peter's Roman Catholic Primary School

St Peter's Road, Newchurch
Rossendale BB4 9EZ
Telephone: 01706 229972
E-mail: bursar@st-petersrc.lancs.sch.uk
Headteacher: Mrs Helen Sullivan

Monday 28th September

Dear Parent / Guardian,

All Year 1 and 2 children have been given the opportunity to represent our school at a **KS1 Active Play Festival** on **Thursday 1st October** at **Thorn Primary School, Bacup (OL13 8EF)**. This festival is all about having fun while being active, with a focus on fundamental movement skills. We kindly ask that parents collect their child from school promptly at **3:15pm** and take them straight to Thorn Primary School for a **3:45–4:00pm meeting time**. The event will finish at **5:00pm**.

Arrival details:

- Please park on **Black Thorn Lane** (not in the school car park).
- Walk to the **main reception**, where Miss Haworth and Mrs Maher will meet the children before going inside.

What children need:

- School uniform with **trainers (not pumps)**
- A **coat in case of rain**
- A **water bottle** and an optional snack

As we have invited a large number of children, parents/carers will need to make their own arrangements to transport their child to and from the venue. Unfortunately, we are unable to organise lifts or provide car seats. Alternatively, you may arrange for your child to travel with another parent/carer. If you choose this option, please let us know on the permission slip below.

All permission slips need returning by Wednesday 30th September please.

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 KS1 Active Play festival.

☐ My child **will not** be attending! I do not give permission for _____ in Year _____ to take part in the KS1 Active Play festival.

If your child will be attending the competition please complete the following:
Any medical information we need to know about:

_____

Name and telephone number to contact in case of emergencies:

_____

Arrangements made with another parent/carer to transport your child:

_____

Signed _____ Date _____