



# Repton Manor Primary School

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Phone 01233 666307



Executive Headteacher	Matt Rawling
Head of School	Jackie Chambers
Deputy Headteacher	John Page
Chair of Federation	Wayne Wills

Dear Parents/Carers,

## Y1/2 Infant Agility Event

There is a inter school athletics event taking place on Tuesday 10<sup>th</sup> January 2023 at the Stour Centre, Ashford. The event starts at 10am and finishes at around 12.30pm. Your child has been selected to represent our school.

You will be able to spectate the event if you wish to, however, please go to the spectator area at the Stour Centre. If you do not wish to spectate, you will need to transport your child to and from this event, so please could you collect them promptly from the office at 9.30am. **You will need to collect your child from the Stour Centre or arrange with another parent to do this on your behalf, and then bring them back to Repton for the remainder of the school day.** As this may encroach on to their lunchtime, we will ensure that all children involved in this event will have enough time to eat their lunches before returning back to class.

Your child will need a water bottle, PE kit (including their house T-shirt) and appropriate footwear. This will be a great opportunity for the children to further the strengths that they have already shown in P.E. lessons and it will be lots of fun too!

Please return the attached form back to school by Wednesday 5th January 2022 by the latest or else we will unfortunately have offer your child's place to another child.

Many thanks,

**Tom Hathaway-Batt**

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I give permission for my child \_\_\_\_\_ to take part in the athletics event at the Stour Centre on the 11<sup>th</sup> January 2023.

### **Please circle one of the options below.**

I will be able to collect my child from Repton at 9.30am.

**or**

I cannot collect my child but am happy for another parent to collect for my child from Repton at 9.30am and transport them back to school. The other parent's name is \_\_\_\_\_.

Please could you advise us of any medical conditions below;

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Contact number in case of emergency \_\_\_\_\_

I give permission for my child to have medication/first aid administered at this event should it be required.

Signed \_\_\_\_\_ (parent/ carer)

Date \_\_\_\_\_