



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,

Y5/6 Sportshall Athletics Event

There is a inter school athletics event taking place on Monday 9th January 2023 at the Stour Centre, Ashford. The event starts at 1pm and finishes at around 4pm. 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 12.30pm. **You will need to collect your child from the Stour Centre or arrange with another parent to do this on your behalf at the end of the event.** As this may encroach on to their lunchtime, we will ensure that all children involved in this event will have their lunches early. If your child would normally be at after school club on this day, could you please ensure that you let them know that they will not be attending due to this event.

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

I give permission for my child _____ to take part in the athletics event at the Stour Centre on the 9th January 2023.

Please circle one of the options below.

I will be able to collect my child from Repton at 12.30pm.

or

I cannot collect my child but am happy for another parent to collect for my child from Repton at 12.30pm. The other parent's name is _____.

Please could you advise us of any medical conditions below;

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 _____

