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Head teacher Mr Warrick R Barton BSc (Hons), PGCE



4th March 2022,

Dear Parents/Carers,

has been selected to play in a Girls Bath School Games Bee Netball Tournament on Tuesday 15th March 2022 at Ralph Allen School, Claverton Down Road, Bath BA2 7AD.

The tournament starts at 15.45 and will finish at 17.45. We will be leaving school at 15.05 and aiming to return to school at 18.15pm depending on traffic (unless you come to collect your child from Ralph Allen School).

The children will be wearing the school netball kit and will need to be wearing trainers along with bringing a drink (or two) and a snack.

We are asking if any parents would be able to take children to and from the event. Please can you inform us either way on the second sheet.

If you wish your child to take part, please return the completed attached reply slip to me by 9th March.

Yours sincerely

Sam Miller
Senior teacher

**PLEASE KEEP THIS LETTER FOR YOUR REFERENCE AND RETURN THE ATTACHED
REPLY SLIP TO THE SCHOOL OFFICE**

**PLEASE DETACH & RETURN TO SCHOOL OFFICE
CHILDREN CANNOT GO ON THE OUTING UNLESS THIS FORM IS RETURNED**

EDUCATIONAL VISIT CONSENT & ESSENTIAL INFORMATION FORM
letters and forms for all trips are on the website

Re: TRIP NAME: Netball tournament at Ralph Allen School 15/3/22

PUPIL'S NAME: _____ CLASS: _____

I **do / do not** (delete as applicable) give permission for my child to participate in the above trip and related activities.

I **can/cannot** drive children on the day- if so how many? _____

Please give us the best two contact telephone numbers for the day of the trip:

1. _____ 2. _____

Medical Information

Does the school have up to date information about your child's medical needs and doctor's details?

YES

NO - I WILL CONTACT THE SCHOOL TO UPDATE THESE DETAILS BEFORE THE TRIP

Emergency Treatment

Please note that in the event of an emergency, where staff are unable to contact you, they will give permission for any emergency dental, medical or surgical treatment.

Declaration

I have answered the questions above fully and the information provided is accurate as far as I am aware. I understand it is my responsibility to update the school of any changes of my child's medical needs and doctor's contact details.

Signature (Parent/Guardian) _____

Name in Capitals _____

**IMPORTANT: CHILDREN CANNOT GO ON THE OUTING UNLESS THIS FORM IS
RETURNED TO SCHOOL**