***Parents Comments Bulletin No 2***

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**School Photographs - Thursday 21 September and Friday 22 September 2017**

Please detail any **family** requirements below (Individual Photographs will be taken automatically – unless you advise us otherwise)

**\*\*NB We will only take family photographs when requested to do so ie by completing the slip below\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Class** | **Nursery Session 1 or 2** | **Pre-Nursery** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Bikeability Helpers**

I can attend the helper’s training session on Thursday 7 September at 9.30am

I would like to help at the Cycling Proficiency Training and can help on the dates noted below:-

Monday 11 September 2017 Bicycle Check Yes/No

Thursday 14 September 2017 1.20-2.45pm Yes/No Coaching Session

Monday 18 September 2017 1.20-2.45pm Yes/No Coaching Session

Thursday 21 September 2017 1.20-2.45pm Yes/No Coaching Session

Friday 22 September 2017 1.20-2.45pm Yes/No Coaching Session

Monday 25 September 2017             1.20-2.45pm                       Yes/No                 Coaching Session

Thursday 28 September 2017          1.20-2.45pm                        Yes/No                Coaching Session

Friday 29 September 2017               1.20-2.45pm                      Yes/No                 Coaching Session

Monday 2 October 2017                   1.20-2.45pm                       Yes/No                 Coaching Session

Thursday 5 October 2017                1.20-2.45pm                        Yes/No                 Coaching Session

Friday 6 October 2017                     1.20-2.45pm                        Yes/No                Coaching Session

Parent/Guardian Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Telephone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Basketball Training**

**\*\*\*PLEASE TAKE THIS SLIP ALONG TO THE FIRST TRAINING SESSION AND HAND TO THE COACH\*\*\***

I hereby give permission for my child to attend Basketball Training. I acknowledge that I am responsible for my child travelling to and from coaching.

Child’s Name ……………………………………………………………………………………. Class ……………………………………..

Home Phone Number ………………………………………………………………….........

Mobile Phone Number ……………………………………………………………………….

Email Address …………………………………………………………………………………….

My child will be collected from Basketball

My child will walk home from Basketball

Pupil Medical Pupil Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Dance Group – P5 – Wednesday – 3.00pm – 4.00pm**

I would like my child to attend Dance Group.

Child’s Name………………………………………………………………………………………..Class……………………………………..

Parent/Guardian Signature………………………………………………………………Date……………………………………

**Netball – P4-P7 – Mondays - 3.00 pm - 4.00 pm**

I would like my child to attend Netball Coaching.

Child’s Name………………………………………………………………………………………..Class……………………………………..

My child will be collected from Netball

My child will walk home from Netball

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Medical Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Story Club – P1 and P2 – Wednesday 3.00pm – 4.00pm**

I would like my child to attend Netball Coaching.

Child’s Name………………………………………………………………………………………..Class……………………………………..

Parent/Guardian Signature………………………………………………………………Date………………………………………