

27<sup>th</sup> March 2019

Dear Parent/Guardian

We are pleased to be able to let you know that St Joseph's will be participating in the annual Malmesbury Cluster Primary Schools **Orienteering Festival**. Information as follows:

DATE: Thursday 25<sup>th</sup> April 2019

TIME: Afternoon

**VENUE:** Malmesbury Secondary School Playing Fields

## YEAR GROUPS: Y1/Y2 and Y3/Y4

**TRANSPORT:** We will be arranging coaches to the secondary school and back to Cross Hayes afterwards. Children should come into school as usual on the Thursday morning and bring a packed lunch with them to eat before we leave. Coaches will depart at 11.45am and children will be back in school by 3.00/3.15pm for pick up at the usual time from the playground.

<u>KIT:</u> Come into school already wearing school PE kit – including trainers, tracksuit bottoms, PE jumpers and bring a warm/waterproof coat.

**<u>BRING</u>**: A large filled water bottle and a piece of fruit or vegetable for afterwards. Please do **not** provide sugary snacks or chocolate for your child or for other children taking part.

Mr Dawson would be very grateful for several volunteers to help on the day. If you are available and would like to help, please indicate on the attached form.

Please complete the form and return to us in the school office by Wednesday 3rd April

If you have any queries please do not hesitate to contact Mr Dawson or any of us in the school office.

Yours sincerely

## NMKershaw

Nicola Kershaw Admin Assistant St Joseph's Catholic Primary School Malmesbury SN16 9BB 01666 822331 assistant@st-josephs-malmesbury.wilts.sch.uk

## MALMESBURY CLUSTER PRIMARY SCHOOLS ORIENTEERING FESTIVAL (Y1, Y2, Y3 & Y4)

## AT MALMESBURY SECONDARY SCHOOL - THURSDAY 25th APRIL 2019

| l conse  | nt to my child (name)  |   |
|----------|--|---|
| Class _  |  | Year Group                                    |
| to parti | icipate in the Orienteering Festival during the afte   | rnoon of Thursday 25 <sup>th</sup> April 2019 |
| Print yo | our name:  |   |
| Signed:  |  |   |
| Contac   | t details on the day are:  |   |
| 1.       | Name:  | Phone Number:                                 |
|          | Name:  |   |
| childre  | l like to volunteer to help with this event and will r<br>n to Cross Hayes for the coach. I will travel there a<br>this event (tick) |   |

Any updates for my child's medical form: