



West Kirby Primary School

Anglesey Road, West Kirby

Wirral, Merseyside CH48 5EQ

Headteacher: Mrs K Takashima

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13th December 2019

Years 4-6 Hockey Club - Wednesdays

Dear Parents

Mr O'Rourke will be running a **Hockey Club** for pupils in Year 4, Year 5 and Year 6 in the next half term. It will run from 3:30pm until 4:30pm on Wednesdays for 5 weeks.

The first session will be **Wednesday 15th January 2020** and the final session will be **Wednesday 12th February 2020**.

At 4:30pm the children will be escorted to the main school entrance for dismissal to the person who is collecting your child, please indicate who this is on the return slip below.

The cost of the Club is £17.50 (£8.75 if your child is eligible for Pupil Premium*). This money will go towards assisting us to provide a range of educational resources and supplies to support our extra-curricular clubs.

If you would like your child to participate in Hockey Club please complete the slip below and return to school **by Thursday 19th December 2019**. Places are limited, therefore we cannot guarantee your child will be allocated a place.

Please note that we will let you know by text whether or not your child has been successful by the end of Friday 20th December. If you do not receive a text and are unsure whether your child has a place, please contact us after this date.

Yours sincerely

Mrs K Takashima
Headteacher

* Pupil premium includes families eligible for free school meals in the last 6 years, armed forces families and children who have been 'looked after children'. Any other parents experiencing financial hardship should contact the school office.

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Years 4-6 Hockey Club – 5 weeks (Mr O'Rourke)

Name: _____ Class: _____ Year: _____

- ☐ I wish my child to attend the Hockey Club for 5 weeks starting on Wednesday 15th January.
- ☐ I enclose £17.50/(*£8.75) to cover the cost of the Club. Cheques payable to Wirral Borough Council
- ☐ I will pay £17.50/(*£8.75) to cover the cost of the Club via ParentPay once I have been informed my child has a place
- ☐ My child currently attends WAVES Wraparound Care so additional payment is not required

Who will collect your child at 4:30pm? _____

Signed: _____ Date: _____

