



West Kirby Primary School

Anglesey Road, West Kirby
Wirral, Merseyside CH48 5EQ
Headteacher: Mrs K Takashima

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3rd February 2020

Years 4 - 6 Basketball Club - Mondays

Dear Parents

Mr O'Rourke will be running a **Basketball 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 Mondays for 5 weeks.

The first session will be **Monday 2nd March 2020** and the final session will be **Monday 30th March 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 Basketball Club please complete the slip below and return to school **by Wednesday 12th February 2020**. 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 14th February. 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 Basketball Club – 5 weeks (Mr O'Rourke)

Name: _____ Class: _____ Year: _____

- ☐ I wish my child to attend the Basketball Club for 5 weeks starting on Monday 2nd March.
- ☐ 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: _____

