



FARNBOROUGH PRIMARY SCHOOL

Farnborough Hill, Farnborough, Orpington, Kent BR6 7EQ

Telephone 01689 853295 Fax 01689 889286

Email: admin.office@farnborough.bromley.sch.uk

Website: www.farnboroughprimary.co.uk

Miss A James BA PGCE Head Teacher

Mrs C Browne B.Ed Hons Head of School

4 December 2018

Years 1 and 2

Dear Parents

After School KS1 Dance Club - Spring Term 2019

We are delighted to let you know that Progressive Sports will be running a dance club for children in Years 1 and 2. The Club will run each Thursday after school 3.20pm-4.10pm.

The club will be run in the Year 6 classroom and, consequently, will only have 10 children in the club. Places will be allocated according to the submission of their forms at the School Office.

The sessions will be from 3.20pm-4.10pm on the dates listed below:

Sessions

Thursday 10th January 2019

Thursday 17th January 2019

Thursday 24th January 2019

Thursday 31st January 2019

Thursday 7th February 2019

The cost is £10 for 5 sessions.

Please complete the form attached and return it with full payment to the school office if you would like your child to attend.

Yours sincerely

Mr Atkinson
PE Coordinator



Farnborough Primary School is a member of **Nexus Education Schools Trust**

Nexus Education Schools Trust (NEST) is a charitable company

limited by guarantee and registered in England and Wales

Company Number 08753718.

The registered office is at Worsley Bridge Primary School, Brackley Road, Beckenham, Kent BR3 1RF.

National Support School
designated by



National College for
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REGISTRATION FORM

After School Dance Club - Spring Term 2019 - Years 1 and 2

Payment of £10 - Cash _____ Cheque (made payable to Farnborough Primary School) _____

It is imperative that this form is completed and returned to the school *before the start of the activity*. Failure to do so could result in your child being unable to take part.

The following details will remain confidential.

Name Age

Date of Birth

Male/Female (*please delete*)

Day Time Telephone Number

Contact in the event of an accident

Telephone Number

Email

Details of medical condition / disability (*if appropriate*)

.....

Details of any long-term medication

.....

Signed Date

Name (blockcaps) Mr / Mrs / Miss / Ms / Other

Please return to the School ASAP



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