

# Farnborough Primary School

Farnborough Hill  
Farnborough, Orpington BR6 7EQ  
t 01689 853295 e [admin.office@farnborough.bromley.sch.uk](mailto:admin.office@farnborough.bromley.sch.uk)  
[www.farnborough.bromley.sch.uk](http://www.farnborough.bromley.sch.uk)

Executive Head: Miss A James BA (Hons), PGCE, NPQH

13 December 2024

Dear Parents/Carers,

## *After School Netball Club – Spring Term 2025– Years 5 and 6*

We are pleased to advise you that we will continue running an After School Netball Club open to the children in Years 5 and 6 for 9 sessions.

The Club will run each Friday after school 3.15pm-4.15pm starting on Friday 17 January 2025.

The children will be required to wear the school PE kit or suitable sportswear with trainers and have a waterproof coat available.

The sessions will be **from 3.15pm – 4.15pm** on the dates listed below.

Friday 17<sup>th</sup> January 2025  
Friday 25<sup>th</sup> January 2025  
Friday 31<sup>st</sup> January 2025  
Friday 7<sup>th</sup> February 2025

Friday 28<sup>th</sup> February 2025  
Friday 7<sup>th</sup> March 2025  
Friday 14<sup>th</sup> March 2025  
Friday 21<sup>st</sup> March 2025  
Friday 28<sup>th</sup> March 2025

There are limited places so we will allocate places according to the submission of the forms. Please return directly to Mrs Roberts or Mr Atkinson.

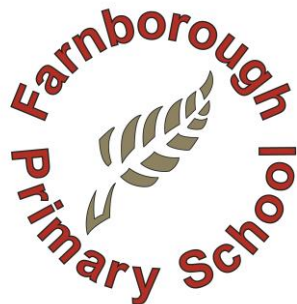
Yours sincerely

Mr Atkinson

Mrs Roberts



Farnborough Primary School is a member of Nexus Education Schools Trust and is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. Nexus Education Schools Trust (NEST) is a charitable company limited by guarantee and registered in England and Wales Company Number 08753719. The registered office is at Brackley Road, Beckenham BR3 1RF Website: [www.nestschools.org](http://www.nestschools.org)



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## After School Netball Club – Spring Term 2025 – Years 5 and 6

Name ..... Age .....

Date of Birth ..... Male/Female (*please delete*)

Address .....  
..... Postcode  
.....

Day Time Telephone Number .....

Contact in the event of an accident .....

Telephone Number .....

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

Details of any long-term medication  
.....

Signed ..... Date .....

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