



INDIAN QUEENS PRIMARY SCHOOL

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To the Parents / Carers of all Year 6 children,

Dear Parents,

In the build up to the national assessments in May we are giving all the children in Year 6 the opportunity to participate in an extra-curricular club which will support their learning at such an important time.

We have scheduled these sessions to be on a Wednesday so the children still have the opportunity to enjoy clubs on Monday and Tuesday as usual. Sessions will run from 3:15pm until 4:15pm on the following dates: **23rd, 30th January, 6th, 13th February, 6th, 13th, 20th, 27th March**. All sessions will take place in the Year 6 block and will be hosted by Mr Harding and Mr Smith. The sessions will focus on key skills in English and Maths and should be regarded as revision opportunities. The costs of this club will be met by the school.

Your child will need to be committed to attending all sessions. Please complete the consent form attached if you would still like your child to be involved, and send it to back before the club's first session.

For safety reasons, it is vital that you inform us in advance, by telephone or in writing, if for any reason your child will not be able to attend a club session. Your child's safety is our foremost priority, and an absence without prior information causes club leaders great anxiety (WHERE ARE THEY? ARE THEY SAFE? DO THEIR PARENTS KNOW WHERE THEY ARE?). We hope you will understand that these procedures are only intended to ensure that your child is safe.

Thank you for your cooperation,

Yours sincerely,



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EXTRA-CURRICULAR CLUBS : PARENTAL CONSENT FORM

YEAR 6 REVISION CLUB

Club Leader and location: Mr Harding/Mr Smith in the Year 6 block

Dates and times: 23rd, 30th January, 6th, 13th February, 6th, 13th, 20th, 27th March 3:15pm – 4:15pm

Child's Name: _____ **Class:** _____

Address: _____

Contact telephone numbers : _____

- I give my consent to my child joining this club and I am aware that all usual Health and Safety procedures will apply.
- I consent to any emergency medical treatment required by my child during the course of the club.
- I confirm that my child does not suffer from any medical condition requiring regular treatment

OR My child suffers from requiring regular treatment (e.g. diabetes, asthma).

If your child suffers from a particular complaint, please enclose a letter giving details of the complaint and any treatment. Please also include details of any allergies or any other relevant information which will assist the club leader to support your child effectively.

- I agree to contact the school in advance if it is necessary for my child to miss a club session and understand that failure to do so may lead to my child losing his/her place in the club.

KEY STAGE 2 children only (KS1 children must be collected as usual)

My child will walk home unaccompanied after the club

My child will be collected from the school

(please list below all adults who may collect your child)

Signature of parent/guardian : _____

PLEASE PRINT NAME _____