

Date 16<sup>th</sup> June 2025

## Letter to Parents or Carers of Year 4 Children

Dear Parents and Carers

### Year 4 visit to the Sports Barn, Huddersfield Friday 27<sup>th</sup> June 2025

As part of the National Schools Sports week, we are taking our Year 4 children to an event at the Sports Barn at the Leeds Road Sports Complex in Huddersfield for an all-day sports event alongside other schools in Kirklees.

During the day the children will take part in various fun sporting activities and will need to come to school in their PE kit, packed lunch and an additional water bottle.

Children will need to be transported & collected from the venue by parents. The event is being held on Friday 27<sup>th</sup> June and we will set off from school at 9 am.

All children will need to be picked up from the Sports Barn at 2.30 pm

Please indicate the following on the slip below:

If you are able to provide a lift to pupils

If your child needs a lift

Who your child will be collected by after the event

If your child goes to the Afterschool Club & needs transporting back to school

If your child is entitled to Free School Meals and you would like school to provide lunch on the day please indicate on the slip below.

Please could you return the permission slip and V1 form to school by Monday 23<sup>rd</sup> June 2025.

Yours sincerely

Mr Blakeley - Head teacher

Mrs Worsley, Miss Dunford & Mrs Kellet - Year 4 Teachers



Kirklees  
Inclusion Quality  
Standards 2011



# South Shields to Hopton Primary School - July 2025



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**Year 4 visit to the Sports Barn - 27<sup>th</sup> June 2025**

Child's Name \_\_\_\_\_ Year 4

- I would like my child to visit The Sports Barn
- I would not like my child to visit the Sports Barn
- My child has an inhaler and will have it with them**
- I am able to provide a lift to \_\_ pupils (including my own child)
- My child will need a lift to the event
- My child goes to the Afterschool Club & needs transporting back to school
- My child has a Free School Meals & I would like school to provide them with a packed lunch

HAM CHEESE TUNA MAYO EGG MAYO NO BUTTER

My child is being collected by:

\_\_\_\_\_

Signed \_\_\_\_\_ (parent/carer)

**Parental Consent Form for Off Site Activities**  
**Year 4 visit to Sports Barn, Huddersfield - Friday 27<sup>th</sup> June 2025**

Please complete and return the form below. It relates to the forthcoming journey or activity listed below for which you have already received details. The form gives your consent for your child to take part in the activities.

- **Travelling by car to the Sports Barn from Hopton School wearing seatbelts.**
- **Visit Sports Barn and take part in activities**
- **Eating lunch together at the Sports Barn**
- **Collected by Parents and Carers from the Sports Barn or back to school by staff**

I agree to (FULL NAME OF CHILD) \_\_\_\_\_ taking part in this visit and have read the information provided.

I agree to \_\_\_\_\_ 's participation in the activities described.

I acknowledge the need for my child to behave responsibly and follow instructions. If necessary I will collect my child from Sports Barn, Huddersfield.

Please outline any special dietary requirements for your child.

\_\_\_\_\_

I consent to my child receiving emergency dental or medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I confirm that my child is in good health and I consider him/her fit to participate.

I will inform the teacher in charge as soon as possible of any changes in medical or other circumstances between now and the commencement of the visit.

**Declaration**

Signature of Parent/Carer \_\_\_\_\_ date \_\_\_\_\_

**Parent/Carer Emergency Contact 1:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**Parent/Carer Emergency Contact 2:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**Alternative Emergency Contact:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_