

B I S H O P



R A M S E Y

Church of England School  
Headteacher: Mr A J Wilcock MA (Cantab)

4th December 2014

Dear Parent/Carer

**Girls Indoor Cricket Tournament**

I am delighted to tell you that your daughter has been selected to represent the school in the Hillingdon Indoor Cricket Tournament. The competition is taking place on Tuesday 9th December from 1.00pm to 4.00pm.

Students will need to bring a packed lunch and plenty of fluid with them for the day. If they have free school meals lunch will be provided.

Students are advised to bring a tracksuit to put on when they are not playing. They need to wear their black shorts, yellow socks and black PE top. The tournament is played indoors so trainers or astro turf shoes are appropriate.

Students will be transported to and from Harefield by the school minibus from school. Students need to come and meet at the Sports Hall to get changed at 12.40pm to allow us enough time to change, and travel to the venue. We should be back at school between 4.00pm and 4.30pm. Students must ensure that they catch up on work and homework missed during the afternoon.

Mobile phones and any other items of value can be taken but students do so at their own risk.

Please complete and return the attached slip to Mrs Aitken by Monday 8th December 2014.

Any other questions please contact me on 01895 671 056 or email me at [saitken5.312@lgflmail.org](mailto:saitken5.312@lgflmail.org).

Yours faithfully

**Mrs S Aitken**  
**PE Department**



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## GIRLS INDOOR CRICKET TOURNAMENT

Return to Mrs Aitken, PE Department by Monday 8th December 2014

Student's Name: \_\_\_\_\_ Form: \_\_\_\_\_

I give my permission for my daughter to take part in Girls Indoor Cricket Tournament on Tuesday 9th December 2014

I have checked my daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you, via the Parent Portal, of any changes between now and the tournament.

I consent to my daughter being given a mild painkiller (eg. Paracetamol) if considered necessary by the Party Leader.

I give my permission of my daughter to receive medical treatment in an emergency situation if as parent/carer I cannot be contacted.

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

Date: \_\_\_\_\_