



## Osborne School

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Headteacher: **Sonia White**

13 November 2019

Dear Parents/Carers

### **Sport & Movement Festival** **19 November 2019**

Your son/daughter has been selected to participate in a Sport & Movement Festival being held on Tuesday 19 November at the Mary Rose School in Portsmouth.

We will be travelling by school mini bus, leaving at 10am and returning in time for normal transport home. Pupils will need to arrive at school wearing their PE kit or suitable comfortable clothing for the days activities (jogging bottoms, t shirt, school sweatshirt and trainers).

We will be participating in a carousel of activities including Football skills, Boccia, Table tennis, Rebound therapy and Sherborne movement.

Please provide your child with a packed lunch and plenty to drink for the day (please note that pupils in receipt of Free School Meals will be provided with a packed lunch from school).

We are asking for a voluntary contribution of £3.10 per pupil to help cover the cost of transport. This can be paid via SCO Pay. Please note that if we do not get enough contributions then the trip may not be able to go ahead.

Please can you complete the attached Parental Consent form and return to school as soon as possible. If you have any questions or concerns please do not hesitate to contact me in school, either by phone or e-mail [s.allwright@osborne.hants.sch.uk](mailto:s.allwright@osborne.hants.sch.uk)

Yours sincerely

Sian Allwright  
PE Teacher

**Osborne School  
Offsite Activities**

**Parent/Carer Consent Form**

Name of Child ..... Date of Birth .....

Address .....

.....

Emergency contact number of parents/carers.....

Date of Activity: Tuesday 19 November 2019

Leaving school time: 9.15am

Returning to school time: 2.30pm

Location/Activity: Mary Rose School, Portsmouth

Who will lead activity (including where responsibility will be handed over to other agencies):

Sian Allwright & Mary Rose School staff

I give permission for school staff to exercise parental responsibility on my behalf during this activity. Including permission for emergency medical treatment. I have seen and understood Hampshire County Councils Insurance arrangements.

Signed .....

Print Name: .....

Date: .....

**Someone must sign this form with parental responsibility and your child will not be allowed to go out without it.**