



**Our REF:CJEW/CCO/Inc**

26<sup>th</sup> January 2022

Dear Sports Leader and Parent

**Key Stage 2 Inclusion Festival Leadership**

As part of the Sports Leadership Qualification your child will be taking part in an upcoming primary event, the Key Stage 2 Inclusion Festival at Oldbury Wells school. Your child has planned, with the guidance of Mr Jew, activities that they will be delivering to KS2 primary schools students on **Tuesday 1<sup>st</sup> February, 12:25 – 3:15pm.**

Your child will need to arrive to the P.E. department at the start of P4 (12:25). Here they will be met and registered by Mr Jew. They will then get changed into their OWS P.E. kit and eat their lunch before setting up the activities. Therefore, for this day, your child will need to bring a packed lunch and plenty to drink. Additionally, for those leading activities outside, they will need to bring additional layers. Where possible please try to bring layers that match the P.E. kit colours. Your child will be finished at 3:15pm, which will be after the buses will have departed. Therefore, please arrange with your child how they will be getting home in advance.

Please complete the reply slip and ask your child to hand it in to the P.E department by Monday 31<sup>st</sup> January 2022.

If you have any questions, please email me at [trustedpartnerships@schools.com](mailto:trustedpartnerships@schools.com).

Yours sincerely

Mr C Jew  
Oldbury Wells School

**Key Stage 2 Inclusion Festival Sports Leadership consent form (please return by 31<sup>st</sup> Jan)**

Pupil name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please tick to confirm the following:

I give permission for my child to attend as a leader to the Key Stage 2 Inclusion Festival at Oldbury Wells School on **Tuesday 1<sup>st</sup> February 12:15-3:15.**

I give permission for my child's photograph to be taken as part of the event and can be used in the school newsletter/website and the East Shropshire Schools Partnership twitter and Instagram.

Medical information:

.....  
Emergency contact name:

.....  
Emergency contact number:

Signed: .....

Date:.....

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