



ST THOMAS MORE CATHOLIC SCHOOL

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Executive Headteacher: Mr Martin Tissot, MA, MBA, NPQH

NA/CSP

9th September 2021

Dear Parent/Carer

Re: After School Sports Clubs

I am writing to advise you that this term the PE Department will be running various after school sports clubs. Details are set out below of various sports clubs/training sessions. Kindly note the finishing times when pupils are expected to be collected, or make their own way home (please indicate your preference on the permission slip below).

Day	Time	Activity	Year Group	Location	Dress Code	Teacher in Charge
Tuesday	3.10 pm – 4.10 pm	Basketball	Years 7-9	Sports Hall	Full PE Kit	Mr Gyimah
	4.10 pm – 5.0 pm	Basketball	Years 10-13	Sports Hall	Full PE Kit	Mr Williams
Wednesday	3.10 pm – 4.10 pm	Rugby	Years 7-8	Astro Turf	Full PE Kit	London Skolars coach.
	3.10 pm – 4.10 pm	Gym	Years 7-9	Fitness Suite		Mr Julius
	4.10 pm – 5.10 pm	Gym	Years 10-13	Fitness Suite		Mr Julius
Thursday	3.10 pm – 4.10 pm	Rugby	Year 9	Astro Turf	Full PE Kit	London Skolars coach
	3.10 pm – 4.10 pm	Basketball	Years 7-9	Sports Hall	Full PE Kit	Mr Gyimah
	4.10 pm – 5.10 pm	Basketball	Years 10-13	Sports Hall	Full PE Kit	Mr Gyimah
Friday	3.10 pm – 4.10 pm	Gym	Years 7-9	Fitness Suite		Mr Julius
	4.10 pm – 5.10 pm	Gym	Years 10-13	Fitness Suite		Mr Julius

Girls

Mixed

Boys

Pupils should report to their allocated changing rooms and bring their full PE Kit (if stipulated above) together with a snack/drink for refreshment.

Whilst writing, I would remind you that should your child have any medical needs, please make sure he/she informs the teacher in charge and brings his/her appropriate medication.

If you would like your child to participate please sign the consent form below and return to the PE Department as soon as possible.

Yours sincerely

N Ameh

Mr N Ameh

Acting Head of PE

RE: AFTER SCHOOL SPORTS CLUBS (Please return this reply slip to PE Department as soon as possible)

Name of Pupil: Form:.....

I give permission for my child to attend the **Club [insert name of club]

Every [insert day]

Please tick accordingly:-

I will collect my child from school at 4.10 pm 5.10 pm

My child has permission to make his/her own way home from school.

Signature: (Parent/Carer) Date:

Contact number: