

Headteacher: Mr R V Davies

Dear Parent September 2017

FENCING

Your son/daughter has shown an interest in fencing lessons which are to be held in the Sports Hall commencing Friday 22nd September. The sessions will **start at 3.05 pm and finish at 4.05 pm**. There will be no sessions at half term. The fees are required to be paid in advance, to ensure your child's place in the class and to help provide them with a sense of commitment.

If you would like to give permission for your son/daughter to attend these sessions please complete the attached Parental Consent Form and return it directly to the School Reception. Payment may be made by ParentPay or by card payment by telephoning 01600 775171/775143).

We recommend payment by Parentpay either termly or annually, as shown below:

| Academy | Autumn | Spring | Summer | |
|---------|--------------------|--------|--------|--|
| Fencing | 12 sessions £35 | TBC * | TBC * | |

Autumn Term

w/c 18/09 - 11/12

Payment due before lessons commence

*The Fencing Academy can only continue into the Spring and Summer terms if it proves to be cost effective and fees cover the coaching costs.

In accordance with the school's Health and Safety Procedure, failure to return the consent form will result in your child not being able to take part in this activity. Please ensure your child brings any medical equipment they require, including inhalers, to this activity.

If you require a reminder of your username and password for ParentPay please email Mrs Susan Stitt at stitts@monmouth.schoolsedu.org.uk













CONSENT FORM

Please complete and return to Reception directly
Your child will be assigned to the Academy on return of this Consent Form

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| Name of Student | | | Form | | | | | |
|--|------------|---------------------------------------|------|--|--|--|--|--|
| I agree that my child may take part in the Fencing Academy. For your child's security we recommend that you make payments by ParentPay | | | | | | | | |
| Cost: £35.00 (non- refundable) | Parent Pay | Telephone Payment 01600 775171/775143 | | | | | | |
| Please tick payment type box | | | | | | | | |
| I confirm that my email details set up in Parentpay are correct and verified . (This enables you to receive a receipt for your payments and all future trip information via Parentpay email.) | | | | | | | | |
| I wish to make you aware of the following medical information regarding my child relevant to this activity | | | | | | | | |
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| I am aware that:- Off-site activities travel and personal injury insurance is provided by Royal Sun Alliance. For summary of cover, please visit the School's website at www.monmouthcomprehensive.org.uk under Trips. I agree to adhere to the payment requirements. I give permission for my child to travel by private hire, where applicable My child must bring their relevant medication/equipment, including inhalers, to this activity | | | | | | | | |
| Contact Name(s) | | | | | | | | |
| (please print) | | | | | | | | |
| Relationship to student | | | | | | | | |
| Contact Telephone Number | | | | | | | | |
| Contact Email Address | | | | | | | | |
| Signature of Parent | | | | | | | | |
| Date | | | | | | | | |