



Dale Avenue, Hassocks, West Sussex, BN6 8LP

Telephone: 01273 845892

Facsimile: 01273 846358

E.mails: [office@downlands.w-sussex.sch.uk](mailto:office@downlands.w-sussex.sch.uk)  
[head@downlands.w-sussex.sch.uk](mailto:head@downlands.w-sussex.sch.uk)

Headteacher: Mr M Wignall

17 December 2018

Dear Parent/Carer

**Year 9 Curricular Enrichment Activity Confirmation 19 and 22 July 2019 – Multi Sports**

I am pleased to inform you that your son/daughter will be participating in the above mentioned curricular enrichment activity on Friday 19 and Monday 22 July. We are no longer offering some activities previously advised, due to lack of interest. Students may wear their own clothes for all activities. If your child is absent due to illness on either day, please telephone the school and leave a message to report an absence, before the registration time of your child's activity.

This activity will take place on the astroturf and school fields at Downlands Community School, from 9am until 3pm. We will be playing a variety of sports over the two days. These activities are provided free of charge. Students are required to register at **9am** both days, in the Sports Hall Classroom at Downlands.

Students will need to wear sports clothing and trainers. Please provide your child with plenty to drink and sun cream. The canteen will be open and break and lunch time will be as usual.

Please return the reply slip below to the trips box by **Friday 29 March**.

We look forward to an enjoyable two days with your child.

Yours faithfully

PE Department

✂-----

**Please return to the Trips Box by Friday 29<sup>th</sup> March  
CEA – Multi Sports**

Student : ..... Tutor Group: .....

I give permission for my child to take part in Multi Sports

I agree that my child may participate in the above activity. The school has taken out a *School Journey Insurance Policy* underwritten by AIG Insurance for each pupil attending this activity, though claims arising from a pre-existing condition are exempt. The policy includes fixed levels of benefits in respect of Personal Accident. A copy of the policy schedule is available upon request. Any claim made under this policy does not affect your statutory rights. In respect of legal liability please note the school cannot be held responsible for any loss unless negligent.

Signed (Parent/Carer): .....

Name: .....

Mobile Number: .....

Date: .....

