



Margaret McMillan Primary School

Inspiration • Aspiration • Determination

Scotchman Road, Heaton, Bradford BD9 5DF Tel: 01274 495934 Fax: 01274 545582
office@mmps.bradford.sch.uk Head Teacher : Mrs Lorraine Martin

15th October 2018

Dear Parent/Carer

The Priestley Academy Trust are able to offer the chance for your child to attend a holiday Club during the half term holiday. Your child has been selected as eligible for this. This event is being fully funded by the Bradford 'Opportunity Area Fund'. To secure your place a deposit of **£5** will be required. **This money will be returned to you in full at the end of the week if your children attend.**

The Holiday Club will be led by Mr Riley and Mr Bujra on the following days:

Tuesday 23 October

Wednesday 24 October

Thursday 25 October

The children are expected to attend all 3 days.

Lunch will be provided by the school. The day will start at 10am and finish at 2pm, and children will need to be collected from school.

There are 30 places and these will be given on 'first come, first served' basis, so please return your form as soon as possible. If your child has brothers or sisters at Margaret McMillan Primary School and you would like them to attend, please write their names on the form. The closing date is Thursday 18th October.

If you have any questions, please contact the school.

Yours sincerely

Mrs Martin

Headteacher



Margaret McMillan Primary School is a member of The Priestley Academy Trust (a multi academy trust) which is a Company Limited by Guarantee, registered in England and Wales, company registration number 10410830. The registered address is Green Lane Primary School, Green Lane, Bradford, BD8 8HT

Holiday Club October 2018

Name of child Class

Name of brothers/sisters that would like to attend the holiday club:

..... Class
..... Class
..... Class
..... Class
..... Class

Parents Name(s) Mum
..... Dad

Address
.....

Please provide a number that you would like to receive a text message on;

Contact Number

Please provide 2 alternative telephone numbers in case of an emergency;

- 1. Telephone Number
Relationship to child

- 2. Telephone Number
Relationship to child

I understand my child/my children must attend all 3 days of each week. Enclosed is my £5 deposit.

Signed (Parent/Carer)
Name (Please print name)

There will be a separate medical form sent out on return of this form.