

# Highfields Primary School

Beeches Road, Rowley Regis, West Midlands B65 0DA

Tel: 0121 559 1037 Fax: 0121 561 5651

Email: [helen.heap@highfields.sandwell.sch.uk](mailto:helen.heap@highfields.sandwell.sch.uk)

Headteacher: Mrs H B Heap

Monday 01<sup>st</sup> December 2014

Dear Parent/Guardians,

Thank you to all the parents that completed the club questionnaire during parents evening.

The main findings from these were:

- Parents and children are happy with the range of clubs on offer.
- Children enjoyed attending the clubs on offer.
- The main reason children don't attend is due to clubs they attend outside of school.
- Dance, football and gymnastics clubs are popular.
- Parents would like more places on clubs or would like there to be a fairer process so that children that did not get a place last time would get a place in the next terms club.
- Parents would like more of a description of new clubs that are being run.

What will I do as a result of the questionnaire?

- I will continue to run clubs that are popular with the children as well as trial new clubs.
- Where possible we will try to ensure that siblings all get a place in the same club to support with child care issues.
- Due to health and safety we limit numbers of clubs to 20. This is to ensure that is safe for children and the adult in charge to run the club independently. We keep reserve lists to ensure if children drop out new children can be selected for the club.
- We will continue to pull names out of a hat after the hand in deadline if we have more than 20 children wanting places, but we will also be keeping a log to track that different children are getting places to ensure this is the fairest system.
- All clubs that need a description of the content will be included on the letter.

If any parents have further questions regarding clubs please do not hesitate to see me.



INVESTORS  
IN PEOPLE

Gardening Club – KS2	Tuesday	3.20-4.20	Mr Roper	6.1.15	10.2.15	YR1-2	No cost	
1D Dudes and Divas – A singing and dancing club inspired by the group One Direction.	Wednesday	3:20-4:20	Fusion Dance company (external provider)	7.1.15	11.2.15	Rec-YR2	£1.30	£7.80
Tennis KS2	Wednesday	3:20-4:20	Miss Saunt	7.1.15	11.2.15	YR 3-6	£1	£6
Interactive Readers club	Thursday	12.15 - 12.45	Mrs Patel	8.1.15	12.2.15	Yr4	No cost	
Street Dance – The children had sessions with this dance instructor in school and it proved popular so we are trialling a club.	Friday	3:20-4.20	Sinead (external provider)	9.1.15	13.2.15	YR3-6	£1.10	£6.60

Forms and payment need to be handed in by the date stated below. Once all the forms have been collected, if the club is oversubscribed names will go into a hat and names pulled out will get a place. **You will be notified if your child has a place in a club by text message. You will receive separate text messages for each club.**

Please complete the attached slip to indicate which of the clubs your child would be interested in attending and return it to the school office. Your child can attend as many clubs as they wish, as long as there is space. Forms need to be handed back by **Friday 05<sup>th</sup> December 2014.**

The clubs that have a cost are **payable in advance** and **non refundable**, therefore, the charge for this **half term will be based on the number of sessions listed above.**

Please make cheques payable to Highfields Primary School.

Yours faithfully,



Miss Virdee

**Please ensure you complete a separate form for each child participating.**

I would like my child to take part in \_\_\_\_\_ ON \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform us of any medical conditions your child may have: \_\_\_\_\_

And any medication they may need: \_\_\_\_\_

I would like my child to take part in \_\_\_\_\_ ON \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform us of any medical conditions your child may have: \_\_\_\_\_

And any medication they may need: \_\_\_\_\_

I would like my child to take part in \_\_\_\_\_ ON \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform us of any medical conditions your child may have: \_\_\_\_\_

And any medication they may need: \_\_\_\_\_