

Tel: 01356 627500 BREOffiCE@brechinhigh.angus.sch.uk

Rector: Mr Archie Bathgate

Date……………

Dear Parent/Guardian,

Your child has expressed an interest in joining one of the library’s ‘after school’ clubs. We run these in conjunction with the Community Education Youth Team. All clubs start at 4pm and finish at 5pm.

Please can you sign and return the consent form below if you wish your child to participate. Could you also ensure you include an emergency contact number?

Yours faithfully,

H Stewart, School Librarian.

…………………………………..…✂………………………………………....

I give permission for my child ………………………………………………

to take part in the following club(s):

Club Name …………………………………………………………………….

Day of Club ……………………………………………………………………

Emergency contact number ………………………………………………

Signed ……………………………………………………. Date …………….

(Parent/Guardian)