**People Directorate**



# Acting Head Teacher: Miss Sarah Flint

Cairn Primary School, Kirkland Street, Maybole, KA19 7HD

Tel: 01655 885802

Email.address: cairn.mail@south-ayrshire.gov.uk

Our Ref: CK/CC Your Ref:

Date: 24 August 2018

Dear Parent/Carer

**RUGBY TASTER – Wednesday 29 August 2018**

Our Primary 6 and 7 children have been invited to take part in a school rugby taster session. This will take part at The Glebe, Maybole on Wednesday 29 August from 10am – 12pm.

Your child should come to school in suitable outdoor sports wear and also bring water and a snack along with school uniform to change into when they get back to school.

Attendance in the trip will depend on continued good behaviour.

Please complete the tear off slip below to confirm your permission for your child to take part in the above event.

Yours sincerely

Carol Kay

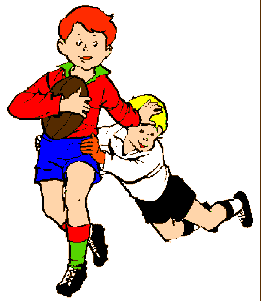
Acting Depute Head Teacher

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**Rugby Taster – Wednesday 29 August**

I give/do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the

rugby taster.



Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I am able to assist with this trip yes/no.

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