

# CHARVIL PRIMARY SCHOOL

Park Lane, Charvil, Reading, RG10 9TR  
Telephone 0118 932 0033  
[charvil@piggottschool.org](mailto:charvil@piggottschool.org)  
[www.piggottschool.org](http://www.piggottschool.org)



A Church of England Academy

# THE PIGGOTT SCHOOL

Twyford Road, Wargrave, Reading, RG10 8DS  
Telephone 0118 940 2357  
[office@piggottschool.org](mailto:office@piggottschool.org)

March 2018

Dear Parent / Guardian,

## Thursday Early Morning Judo School

We do hope your child would like to continue the Judo lessons with Olly Fricker this term. He will be continuing his Thursday Early Morning Judo School in the Summer Term for those children who are on their yellow belts.

The first session will be on Thursday 26<sup>th</sup> April at 8.00am and will consist of 11 sessions through the term (excluding half term). The cost will be £63.00 per term, with a £6.00 discount (or free kit hire) offered to each additional sibling. The judo kit can be hired again at an additional cost of £6.00 per term or purchased for £30.00.

**To accept the place for the Summer Term, please fill out the slip below and return it to the office by Tuesday 27<sup>th</sup> March.**

**If you do not wish your child to continue, please advise the school office** so that another child can be offered the place. Any hired judo kit will need to be returned to Olly as soon as possible.

Many thanks,

The Charvil Piggott Primary School team



Head Teacher Mr D J Gray MA, NPQH

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**PERMISSION / BOOKING FORM:**

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**Thursday Early Morning Judo School -Summer 2018**

**Charvil Piggott Primary School**

CHILD'S NAME: ..... Year: .....

I would like my child to continue the Early Morning Judo School starting Thurs 26<sup>th</sup> April

- I enclose a cheque for £63.00  
**or**
- I enclose a cheque for £69.00 to include hire of Judo Kit @ £6.00 per term  
**or**
- I enclose a cheque for £93.00 to include purchase of Judo Kit @ £30.00.

Cheques should be made payable to O.M Fricker, with your child's name on the reverse.  
Please remember to deduct £6.00 for each additional sibling.

Any medical conditions or allergies:

The information on this form will be given to Mr Fricker from Judo School

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please return completed slip to the school office by Tuesday 27<sup>th</sup> March**