



## MALTESE ROAD PRIMARY SCHOOL

Maltese Road, Chelmsford, Essex CM1 2PA

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[www.malteseroadprimary.com](http://www.malteseroadprimary.com)

Headteacher: Mrs F White

5<sup>th</sup> June 2026

Dear Parents/Carers

### Year 2 Mini Games – Wednesday 1<sup>st</sup> July 2026

I am delighted to inform you that Year 2 have been invited to take part in the Mini Games Event at Chelmsford Sports and Athletics Centre on Wednesday 1<sup>st</sup> July between 12:30pm and 2.45pm.

The children will be walking to and from the event accompanied by Mrs Ritchie, Mrs Middleton and myself.

During the event, the children will be split into different groups and will be competing with children from other schools. The press may be invited and filming and photography will be taking place for promotion, website and training purposes. Please inform us on the slip attached **if you do not wish your child to be filmed.**

As this is an open event, parents are welcome to come along and spectate. If you wish to take your child home straight from CSAC please make it clear on the permission slip attached. If your child will be going home with a different child, or will be returning to school to attend Little Nipperz, please also make this clear.

Finally, please make sure your child comes to school in his/her PE kit and with a named water bottle.

Yours sincerely

Mrs Almond  
Year 2 Class Teacher



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**Year 2 Mini Games – 1<sup>st</sup> July 2026**

I give permission for my child ..... to attend the Year 2 Mini Games event on Wednesday 1<sup>st</sup> July 2026.

I **GIVE** permission for my child to be filmed/photographed for promotion, website & training purposes

Signed .....

I **DO NOT GIVE** permission for my child to be filmed/photographed for promotion, website & training purposes

Signed .....

I will be taking my child directly home from CSAC

My child is attending Little Nipperz and will be walking back to school

My child will be going home with .....

Please state below any conditions such as asthma that could affect your child's well-being during the event.

Signed: \_\_\_\_\_ Relationship \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number on the day: \_\_\_\_\_