



Kingsway Junior School

BRIAR ROAD, WATFORD, HERTS. WD25 0JH

Telephone: 01923 672583



www.kingswayjm.herts.sch.uk

admin@kingswayjm.herts.sch.uk

Headteacher – Ms J Beale

Deputy Headteacher – Mrs A Akers

“Developing confident, enthusiastic and happy learners”

Dear Parents and Carers,

Year 3 Indoor Athletics – Thursday 7th May 2026

We are delighted to invite your child to take part in Indoor Athletics at Futures Academy Watford. This is a wonderful opportunity for Year 3 children to develop their teamwork skills, represent our school, and enjoy a fun sporting experience.

Event Details

Date: Thursday 7th May

Time: 12:30pm – 2:45pm

Location: Futures Academy Watford

Transport: Children will walk to and from the venue, supervised by a minimum of 6 adults to ensure the correct adult-to-child ratio is maintained. *If you are able to volunteer please indicate this on the slip below.*

Return to school: Children will leave Futures Academy Watford at 2.45pm and should arrive back at **3.30pm**. If there are any delays we will communicate this via School Gateway.

Lunch Arrangements

Please choose **ONE** of the following options:

My child will bring a packed lunch

I would like to order a school packed lunch (please return this slip by **Friday 1st May**)

Safeguarding and Emergency Contact

During the event, children will be supervised at all times by school staff. If you need to contact us during the event, please call the school office on 01923 672583.

In case of emergency, we will use the contact details we hold on file. Please ensure these are up to date.

Questions?

If you have any questions about the event, please contact Mrs Netto (PE Lead) via the school office at admin@kingswayjm.herts.sch.uk or 01923 672583. We aim to respond to all queries within 2 working days. Thank you for your support. We look forward to a fantastic day of sport!

Kind regards,

Mrs Netto

PE Lead



Lunch Order Form Please return to the school office by Friday 1st May 2026

Child's name: _____ **Class:** _____

Lunch choice (tick ONE):

My child will bring a packed lunch

I would like to order a school packed lunch

Emergency contact number for the day: _____

Parent/Carer name: _____

I am able to volunteer

Signature: _____ **Date:** _____