

People Directorate

Head Teacher: Mr George Docherty

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Email: marr.mail@south-ayrshire.gov.uk
Our Ref: Your Ref:
Date: 15th January 2019



Dear Parent/Carer

Friday Morning Breakfast Club

I am writing to let you know that Marr College will be offering a weekly Friday morning breakfast club, open to all S1-3 students, beginning 18th January 2019.

The aim of this club is to help develop confidence, build resilience and increase concentration by taking part in a number of activity sessions, before enjoying a healthy breakfast. Students will have the option to participate in a physical activity or a relaxation activity each week.

The physical activity sessions will be delivered using a 'Better Movers and Thinkers' (BMT) learning approach which promotes the development of Executive Functions, which include planning, goal-setting and problem solving. The physical activity sessions will take place in the P.E. Department and PE kit should be worn. (Pupils can wear their kit to school but should remember to bring their uniform with them too).

Following the activity session, we will have breakfast as a group in the HUB. The breakfast options will include toast, bagels, cereal, yoghurts, fruit and diluting juice or water.

The breakfast club will start at 8.00am; for those who travel by school bus, we will arrange a member of staff to collect your child for **7:50am** at the usual bus stop.

We feel the programme would be beneficial to your child and would ask that you complete the tear off slip below and return to school as soon as possible.

Please do not hesitate to contact me if you have any further questions.

Yours faithfully,

Moyra Elliot/Lorna Stevenson
Principal Teachers of Raising Attainment BGE

**Friday Morning Breakfast Club
Permission Slip**

I agree to my child _____ attending the Friday morning breakfast club.

Please answer the following questions by circling the appropriate response:

My child needs to be collected at the bus stop at 07:50

YES

NO

If yes, which bus stop should they be collected from?

My child has special dietary requirements / allergies

YES

NO

If yes, which allergies should we know about?

My son / daughter will make their own way to school for 08:00

YES

NO

PARENT / CARER (PRINT NAME)

PARENT / CARER CONTACT NUMBER

SIGNATURE

DATE