



OUR REF :

TRN : 104153998000003

Date: June 26th, 2025

To: Parents/Guardians of Students in Year 4, 5 and 6
After School Sports Program Enrollment –
“Building Our Future Stars”

Dear Parents/Guardians,

We are excited to announce the launch of “**Building Our Future Stars**” our after-school sports program, designed to promote physical health, teamwork, and discipline among our students. The program will offer structured training and play in:



Football



Basketball



Physical Fitness & Conditioning

Program Details:

- **Start Date** : Term 1 – 26th Sep 2025 to 22nd Nov 2025
: Term 2 – 13th Feb 2026 to 02nd May 2026
- **Location** : School Grounds
- **Fee Structure** : Term 1 – ~~₹~~540/-
: Term 2 – ~~₹~~540/-
- **No. of Sessions Per Term** : 9
- **No. of Student's Per Session** : 20 Per Session

Day	Activity	Year	Timing
Friday	Football / Basketball / Physical Fitness & Conditioning	Year 4 ,5 & 6	5:00 pm - 8:00 pm
Saturday	Football / Basketball / Physical Fitness & Conditioning	Year 4 ,5 & 6	5:00 pm - 8:00 pm

Benefits of Participation:

- Improve physical strength, agility and endurance
- Learn teamwork, leadership and sportsmanship
- Receive professional coaching and guidance
- Stay active and engaged after school hours

Registration / Payment:

We will make the payment facility open in SKIPLY by 12th August 2025 and the deadline for registration and payment would be 20th August 2025. Interested parents are kindly requested to complete the registration form (attached) and return it to the Sports coordinator Mr. Christopher Chandra.

Should you have any questions, please feel free to contact our Vice Principal Ms. Lise-Ann.

Let us work together to keep our children active, healthy, and motivated!

Warm Regards,



Mr Paul Asir Joseph
(Principal)





REGISTRATION FORM

Building Our Future Stars

Student Information

- Full Name of Student : _____
- Year/Class : _____
- Date of Birth : _____
- Gender : ☐ Male ☐ Female
- Student ID : _____

Parent/Guardian Information

- Name of Parent/Guardian : _____
- Contact Number : _____
- Email Address : _____
- Emergency Contact Name & Number : _____

Program Selection

Please tick the activity/activities your child will participate in:

- ☐ Football
- ☐ Basketball
- ☐ Physical Fitness & Conditioning

Medical Information

- Does your child have any medical conditions or allergies?
☐ No ☐ Yes (If yes, please specify):
- Is your child currently on any medication?
☐ No ☐ Yes (If yes, please specify):

Parental Consent

I hereby give permission for my child to participate in the Building Our Future Stars, After-School Sports Program.

I understand that my child must adhere to the school's behavioural and safety guidelines and that the school will take necessary precautions for their safety.

Parent/Guardian Signature : _____

Date : _____