



OUR REF :

TRN : 104153998000003

Date: 26th November 2025.

To: Parents / Guardians of Students in Year 5 -10
After School Sports Program Enrolment
“Building Our Future Stars”

Dear Parents,

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
- Volleyball



ProgramDetails:

- Start Date: Term2 – 13th Feb 2026 to 2nd May 2026
- Location: School Grounds
- Fee Structure: Term1– AED540/-
Term2– AED540/-
- No. of Sessions For Second Term: 8
- No. of Student's Per Session: 20 Per Session

Day	Activity Choose anyone(A or B or C)	Year	Timing
Friday	A. Football	Years 5,6 & 7	- Group A:5:00pm to 6:30pm - Group B:6:30pm to 8:00pm
Friday	B. Basketball	Years 5,6 & 7	- Group A:5:00pm to 6:30pm - Group B:6:30pm to 8:00pm
Friday	C. Volleyball	Years 7, 8, 9 & 10 only	- Group A:5:00pm to 6:30pm - Group B:6:30pm to 8:00pm
Saturday	A. Football	Years 5,6 & 7	- Group C:5:00pm to 6:30pm - Group D:6:30pm to 8:00pm
Saturday	B. Basketball	Years 5,6 & 7	- Group C:5:00pm to 6:30pm - Group D:6:30pm to 8:00pm
Saturday	C. Volleyball	Years 7, 8, 9 & 10 only	- Group C:5:00pm to 6:30pm - Group D:6:30pm to 8:00pm

Benefits of Participation:

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

Registration / Payment:

The payment facility is open in SKIPLY from 4th December 2025 and the deadline for registration and payment would be 25th January 2026. Interested parents are kindly requested to complete the registration form (attached) and return it to the Sports coordinator Mr. Christopher Chandra.

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

Yours Sincerely,

Mr. Paul Asir Joseph
(Principal)





ST. MARY'S *Catholic High School, Dubai*

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 ☐ Group A ☐ Group B ☐ Group C ☐ Group D
- Basketball ☐ Group A ☐ Group B ☐ Group C ☐ Group D
- Volleyball ☐ Group A ☐ Group B ☐ Group C ☐ Group D

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: _____