ST. MARY'S CATHOLIC HIGH SCHOOL
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OUR REF : .....

TRN : 10415399800000

Date : 6th November 2026

To: Parents / Guardians of Students in Years 4 -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





Program Details:

- Duration: 8th January 2027 to 27th February 2027
- Location: School Grounds
- Fee Structure: **AED 540/-**
- No. of Sessions: 8
- No. of Students Per Session: 20

Day	Activity Choose any one group (A / B / C / D or E)	Year	Timing
Friday	Group A: Football Basketball	Years 4, 5, 6 & 7	5:00 pm to 6:30 pm
Saturday	Group B: Football Basketball	Years 4, 5, 6 & 7	5:00 pm to 6:30 pm
Friday	Group C: Volleyball Girls	Years 7, 8. 9 & 10	3:30 pm to 5:00 pm
	Group D: Volleyball Boys		5:00pm to 6:30pm
Saturday	Group E: Volleyball Boys	Years 7, 8, 9 & 10	5:00pm to 6:30pm

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:

The payment facility is open in SKIPLY from 9th November 2026 and the deadline for registration and payment would be 6thJanuary 2027. 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,

ST. MARY'S CATHOLIC HIGH SCHOOL
P.O. BOX 52232
DUBAI - U.A.E.

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

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 behavioral and safety guidelines and that the School will take necessary precautions for their safety.

Parent/Guardian Signature: _____ Date: _____