



Our Ref: AM/SK/Corr2018-19/ASC  
AlJumaa 4 Muharram 1440 AH | Friday 14 September 2018

### By Hand Via Pupils

Dear Parents/ Guardians of Year 11

As-salaamu 'alaikum wa-rahmatullahi wa-barakatuhu

Re: After-School Sessions

We hope and pray that this letter finds you in the very best of imaan and health.

We have been working very hard to organise extra sessions for Year 11 to ensure that all students receive the highest possible marks for their exams and studies. In order to support students as much as possible, we will be running After School Classes as follows:

Teacher	Subject/ Class	Day	Teacher	Subject/ Class
Br. Naseem	Maths BY11	Monday	Sr. Susan	PE GY11
Br. Ozair	Arabic BY11	Tuesday	Sr. Saima	Maths GY11
Br. Zabar	Computer BY11	Thursday	Br. Ozair	Arabic GY11
Br. M Hassan	History BY11	Friday	Sr. Shazia	Science GY11.2

Start from Monday 17<sup>th</sup> September | 2018 3.30 – 4.30 pm

We feel that your child would very much benefit from this opportunity and would like to invite them to attend as it will give them valuable revision with their specialist teacher.

### Consent

Please kindly complete the permission slip (below) and return it to your child's Teacher by **Monday 17<sup>th</sup> September 2018**.

Jazak'Allah hu khayrun for your continuous support and cooperation.

Wa salaam

Br. Ozair Akhtar  
| HoD MFL

Br. Arshad Mohammed  
| Head Teacher

PLEASE CUT & RETURN

Teacher	Subject/ Class	Day	Teacher	Subject/ Class
Br. Naseem	Maths BY11 <input type="checkbox"/>	Monday	Sr. Susan	PE GY11 <input type="checkbox"/>
Br. Ozair	Arabic BY11 <input type="checkbox"/>	Tuesday	Sr. Saima	Maths GY11 <input type="checkbox"/>
Br. Zabar	Computer BY11 <input type="checkbox"/>	Thursday	Br. Ozair	Arabic GY11 <input type="checkbox"/>
Br. M Hassan	History BY11 <input type="checkbox"/>	Friday	Sr. Shazia	Science GY11.2 <input type="checkbox"/>

I, parent/guardian of  (child's name) in Class   
give permission for my child to attend the After-School Classes as required.

Medical Condition (please state if any):

Emergency Contact (name & number):

Parent/Guardian Signature:

Date:

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