

## Newchurch Community Primary School



25<sup>th</sup> April 2017

Dear Parents

I am pleased to inform you that Years 3 and 4 will have swimming tuition at Woolston Hub this term.

This year we will be having intensive swimming lessons hence the children will be having an hour lesson on the following dates, from 1-2 pm.

**Tuesday 13th June      Wednesday 14th June      Thursday 15th June      Friday 16th June**

**Tuesday 20th June      Wednesday 21st June      Thursday 22nd June      Friday 23rd June**

**Tuesday 27th June      Wednesday 28th June**

We are continuing to pay for the hire of the swimming pool and the swimming teacher but funds will not allow for the full cost of transport. This term there will be 10 lessons, would you please send a cheque or cash to the value of **£10.00 so that swimming lessons can continue this term.** Cheques should be made payable to Newchurch C P School.

Please complete the medical form attached and return with the payment to school by **24<sup>th</sup> May 2017.**

We consider swimming to be an important part of our educational programme and so these contributions are voluntary, but we will not be able to continue with the lessons unless we have your support in this matter.

Thanks for your help.

Yours sincerely

Mr Singleton  
Year 4 teacher

## AQUATICS

### SCHOOL SWIMMING MEDICAL FORM

Please provide us with the following pupil information:

NAME \_\_\_\_\_

D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR GROUP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MEDICAL CONDITION \_\_\_\_\_

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MEDICATION (IF ANY)

ANY SPECIAL REQUIREMENTS \_\_\_\_\_

#### **SWIMMING ABILITY:- (please circle)**

Non swimmer

Beginner (5 metres without aids)

Improver (10 metres without aids)

Confident (25 metres+/- deep water)

#### **SWIMMING GOGGLES PERMISSION FORM**

SCHOOL.....

NAME.....

I GIVE PERMISSION FOR MY CHILD TO WEAR SWIM GOGGLES DURING SCHOOL SWIMMING SESSIONS.

SIGNED: (PARENT/CARER).....

Children who swim frequently or whose eyes are susceptible to irritation may request to use goggles for swimming.

Please ensure that goggles are of a good quality. Please read the manufacturers instructions for putting them on and taking them off. This is important to ensure protection of eyes from impact damage through stretching the eyepieces away from the face with wet fingers. You should be aware that on occasions your child will be asked to remove their goggles in order to safely perform certain aquatic activities.

THIS FORM MUST BE HANDED IN TO THE SWIMMING TEACHER ON YOUR FIRST LESSON