

## Newchurch Community Primary School



25<sup>th</sup> April 2019

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.

Wednesday 12 <sup>th</sup> June	Thursday 13 <sup>th</sup> June	Friday 14 <sup>th</sup> June
Wednesday 19 <sup>th</sup> June	Thursday 20 <sup>th</sup> June	Friday 21 <sup>st</sup> June
Wednesday 26 <sup>th</sup> June	Thursday 27 <sup>th</sup> June	Friday 28 <sup>th</sup> June
Wednesday 3 <sup>rd</sup> July		

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 for £10. Payment should be made on your Parent Pay account please.

Please complete the medical form attached and return to school by **24<sup>th</sup> May 2019**.

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

A handwritten signature in black ink, appearing to read 'Shamrenson' or similar, written in a cursive style.

Mrs S Lawrenson  
Headteacher

## AQUATICS

## SCHOOL SWIMMING MEDICAL FORM

Please provide us with the following pupil information:

NAME \_\_\_\_\_

D.O.B        \_\_\_/\_\_\_/\_\_\_\_\_

SCHOOL \_\_\_\_\_

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

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

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

---

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