



# St. John's CE Primary School

Growing and learning together  
Sharing the love of God

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29<sup>th</sup> November 2019

Dear Parent/Carer

## SWIMMING LESSONS

We are very lucky to have a strong team of qualified/experienced instructors who will be delivering swimming lessons to Years 1 & 5A at Weymouth Swimming Pool on Wednesday mornings starting 8<sup>th</sup> Jan, the last lesson will be 12<sup>th</sup> Feb.

Children must wear school uniform to and from the pool and will need to bring a named towel and costume, a swimming hat which are available from the School Office at a cost of £1.60 each, and a bag to keep their belongings in.

### Please Note:

- Traditional swim trunks should be worn for boys and traditional costumes for girls. Baggy shorts or bikinis are not suitable.
- Please ensure your child's name is on the outside of their swimming hat.
- Verrucae – the pool guidance is that children may swim provided verrucae are being treated with GLUTAROL.
- Goggles are allowed but children have to be responsible with them and it is parents' responsibility to ensure they can put them on and remove them safely.

The cost of the swimming lessons is £30 (£5 per session). The children should bring their contribution together with a signed permission slip to the Class Teacher by **Wednesday 18<sup>th</sup> Dec**. You can now pay for swimming lessons weekly or by making one payment using the online payment system ([www.schoolmoney.co.uk](http://www.schoolmoney.co.uk)) or direct to the class TA by cash or cheque (cheques should be made payable to St John's School). Even if your child attends private lessons outside of school time it is still a recommendation that children attend school sessions as it is part of the national curriculum and they do benefit by attending both.

Yours faithfully

Mrs Lucy Crouch  
PE Subject Leader



### PERMISSION SLIP – SWIMMING LESSONS

Name of Child: .....Class:

I give permission for the above named child to travel to Weymouth Swimming Pool to take part in swimming lessons.

I consent to any medical treatment that may be considered necessary.

Emergency Contact Name ..... Tel No .....

My child has a medical condition/takes medication for.....

[ ] Contribution for 6 sessions enclosed (£30.00) or [ ] I will pay weekly (£5.00) or [ ] I have paid/am paying using the online payment system.

Signed ..... (Parent/Guardian)



Date .....

Diocese of Salisbury  
Academy Trust  
*'Beyond expectations for all of God's children'*