

Dear Parent/Carer

Headteacher: Amanda Aze

Chair of Local Advisory Board: Vivien Sloan

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iocese of Salisbury

'Beyond expectations for all of God's children'

Academy Trust

## **SWIMMING LESSONS**

We are very lucky to have a strong team of qualified/experienced instructors who will be delivering swimming lessons to Years 2 & 4 at Weymouth Swimming Pool on Wednesday mornings after half term, the last lesson will be 11<sup>th</sup> Dec.

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 money together with a signed permission slip to the Class Teacher by **Friday 25**<sup>th</sup> **October.** You can now pay for swimming lessons weekly or by making one payment using the online payment system (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 Tel No
My child has a medical condition/takes medication for
[ ] Payment 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