



St. John's CE Primary School

Growing and learning together
Sharing the love of God

Headteacher: **Amanda Aze**
Chair of Local Advisory Board: **Vivien Sloan**

Coombe Avenue, Weymouth, Dorset, DT4 7TP
Email: office@stjohnswey.dsat.org.uk
Website: www.stjohns.dsat.org.uk
Tel: 01305 785711 3rd December 2021

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 & 4 at Weymouth Swimming Pool on Wednesday mornings starting 12th January, the last lesson will be 16th February 2022.

Children must wear school uniform to and from the pool and **must** bring goggles, a named towel and costume, a swimming hat, which are available from the School Office at a cost of £2 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.
- Children have to be responsible with their goggles 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 signed permission slip to the Class Teacher by **Friday 7th January 2022**. Please log in to the Arbor App, go to 'Quick Actions', click on 'Trips' and make your payment weekly or in total. The preferred method of payment is by Debit Card via the Arbor App. 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 *(please complete as necessary and return to the class teacher by Friday 7th January 2022)*

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 _____

[] I have paid £30 via The Arbor App

[] I will pay £5 weekly via The Arbor App.

Signed _____ (Parent/Guardian)

Date _____



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