

Dear Parents/Carers,

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 25th November 2022

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 4th January, the last lesson will be 8th February 2023.

Children must wear school PE kit 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 £33 (£5.50 per session). The children should bring their signed permission slip to the Class Teacher by **Wednesday 14th December.** 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 14th December 2022)			
Name of Child:		Class:	
give permission for the above named chi	ild to travel to Weymouth	n Swimming Pool to take part i	n swimming lessons
consent to any medical treatment that m	nay be considered necess	ary.	
Emergency Contact Name		Tel No	
My child has a medical condition/takes me	edication for		_
[] I have paid £33 via The Arbor App	[] I will pay £5.5(O weekly via The Arbor App.	
Signed	(Parent/Guardian)	Date	

Academy Trust

'Beyond expectations for all of God's children'