



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**

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28th June 2021

Dear Parents/Carers,

Year 6Q Windsurfing Thursday 8th July 2021

On Thursday 8th July 9.30am – 1pm, the children will take part in a Windsurfing/Stand Up Paddleboard session at the National Sailing Academy, Portland. The children will be very closely supervised with a high adult/child ratio and will be learning in very shallow water by the actual sailing school.

What your child will need:

- A packed lunch, if your child has a free meal entitlement or if you have already ordered a hot meal for this day then Food Links will provide a packed lunch option.
- A filled water bottle, clearly named.
- A healthy morning snack.
- A towel and swimming costume. Traditional swim trunks should be worn for boys and traditional costumes for girls. Baggy shorts or bikinis are not suitable. (Swimming costumes are to be put on prior to children arriving to their session. As their session is first thing in the morning we suggest the children wearing their bathers under their school wear before school.)
- A change of underwear for after the session.
- Any asthma inhalers & allergens medications.
- Sun cream.
- Children should wear their school PE kits (preferably with the correct school colours or logos if possible) over the top of their swimming costumes

Please complete and return the slip below by Monday 5th July to the class teacher or TA and complete please also complete the indemnity form (previously emailed)

https://app.waiverforever.com/requested_waiver_group/hot5iJvVgV1623320878

Yours sincerely

Miss Quinn
Year 6Q Teacher

Mrs Crouch
PE Subject Leader



Year 6Q Windsurfing/Stand Up Paddleboard Thursday 8th July 2021

Please complete and return the slip by Monday 5th July to the class teacher or TA.

I give permission for my child _____ to take part in a Windsurfing/Stand Up Paddleboard Session on Thursday 8th July.

My child is able to swim a short distance unaided **Yes/No**

I consent to any medical treatment deemed necessary during the course of the visit.

Emergency Contact Name: _____

Telephone number: _____

Signed: _____ Parent/Carer

Date: _____



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Academy Trust
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