



# 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](mailto:office@stjohnswey.dsat.org.uk)

Website: [www.stjohns.dsat.org.uk](http://www.stjohns.dsat.org.uk)

Tel: 01305 785711

23<sup>rd</sup> June 2021

Dear Parents/Carers,

## **Year 6 Sailing Thursday 1<sup>st</sup> July 2021**

On Thursday 1<sup>st</sup> July 9.30am – 12.30pm, the children will take part in a Sailing session at the Andrew Simpson Centre, Portland. The children will be very closely supervised by a fully trained qualified RYA sailing instructors. If you have not yet paid, please do so via the Arbor App as soon as possible. Thank you.

### 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. Lunch will be eaten at school when we return.
- 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.
- Closed-toe shoes (essential) in a bag. These may get wet.
- 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 return the slip attached by Monday 28<sup>th</sup> June to the class teacher or TA and please also complete the indemnity form (previously emailed) <https://bit.ly/3sld6nU> your child will NOT be able to sail without a completed form. Thank you.

Yours sincerely

Mrs Taylor, Mrs Crouch and Miss Quinn  
Year 6 Teachers



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

**Year 6 Sailing Thursday 1<sup>st</sup> July 2021**

***Please complete and return to your class teacher or TA by Monday 28<sup>th</sup> June. Thank you.***

I give permission for my child \_\_\_\_\_ to take part in a Sailing Session on Thursday 1<sup>st</sup> 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: \_\_\_\_\_

**Year 6 Sailing Thursday 1<sup>st</sup> July 2021**

***Please complete and return to your class teacher or TA by Monday 28<sup>th</sup> June. Thank you.***

I give permission for my child \_\_\_\_\_ to take part in a Sailing Session on Thursday 1<sup>st</sup> 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: \_\_\_\_\_

**Year 6 Sailing Thursday 1<sup>st</sup> July 2021**

***Please complete and return to your class teacher or TA by Monday 28<sup>th</sup> June. Thank you.***

I give permission for my child \_\_\_\_\_ to take part in a Sailing Session on Thursday 1<sup>st</sup> 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: \_\_\_\_\_