



# St. John's CE Primary School

Growing and learning together  
Sharing the love of God

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Dear Parent/Carer

## SWIMMING LESSONS



Year 6 will be the next group to go by coach to Weymouth Swimming Pool on Wednesday mornings after half term. The dates that the children will attend the pool are:-

**Dates: 11/09 18/09 25/09 02/10 09/10 16/10 23/10 - 7 SESSIONS**

Children will need a towel, costume (both named), a swimming hat (with the child's first name on the outside) and a bag to keep them in. Swimming hats, (yellow ones) are available at a cost of £1.60 from the School Office. Traditional swim trunks should be worn (for boys) and traditional costumes (for girls) should be worn. Baggy shorts or bikinis are not suitable. Children must wear school uniform.

**\*\*Verrucae** - the pool guidance is that children may swim provided verrucae are being treated with GLUTAROL.  
**Goggles warning:** Goggles are helpful in the main pool, but children have to be responsible with them and it is parent's responsibility to ensure they can put them on and remove them safely.

In order to cover the expenses involved children should bring their contribution to school to cover the cost of all 7 sessions (**£5.00 per session**) i.e. **£35.00** together with a signed permission slip by **Monday 9<sup>th</sup> September**, please return this to the Class Teacher. We are very lucky to have a strong team of qualified/experienced instructors. You can now pay for swimming lessons weekly or by making one payment using the online payment system ([www.schoolmoney.co.uk](http://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

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## PERMISSION SLIP - SWIMMING - YEAR 6

Name of Child: .....Class: .....

I give permission for the above named child to travel to Weymouth Swimming Pool on the above dates for swimming. 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.....

[ ] Payment for 7 sessions enclosed (£35.00) or [ ] I have paid/am paying using the online payment system.

Signed ..... (Parent/Guardian) Date .....



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