



Weavers Lane, Inkpen,
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Website:
www.inkpenprimaryschool.co.uk
Headteacher: Mrs J Kanisius

December 2017

Dear Parents,

Children in Years 3 to 5 will be involved in swimming lessons during the Spring term, which will take place on **FRIDAY** mornings. The first session will be on **Friday 12th January 2017**. The children will travel by coach, and will be accompanied by a teacher and teaching assistants. Teaching is by qualified staff at the pool and children will be placed in groups on the first lesson. There will be 10 lessons in total.

Children will need to bring a swimming costume and a towel each week. For girls this means a one piece costume, and trunks for boys, not shorts. I would also recommend children bring a pair of goggles, but these must conform to safety standard BS5883-1996 and must be adjusted to fit before the lesson or your child must know how to adjust them themselves. Children must also wear a swimming hat. We have some Inkpen Primary School swimming hats, which are available to buy from the school office for £1.00 each. Of course if you wish to provide your own swimming hat, this is also fine.

Children should not swim if they are feeling ill or have a wound which is weeping - this includes recent ear piercings. All jewellery should be removed prior to each lesson.

The cost will be £40 per child or £4 per week. The school is subsidising this activity to keep costs down for parents. This is a voluntary contribution; no child will be excluded or treated differently if a voluntary contribution is not paid. Please also be aware that we are required to pay for tuition & transport costs even when children are absent or ill.

If your child has any specific needs with regards to swimming could you please let Mrs Tillett know.

Yours sincerely,

Mrs J Kanisius
Headteacher



Child's Name: _____

I give permission for my child to go swimming during the Spring Term 2017

*[] have made my voluntary contribution of £40.00 via Parent Payment (the schools preferred option for receipt of voluntary contributions)

or

*[] enclose my voluntary contribution of £40.00 for the 10 sessions

or

*[] we will make a voluntary contribution of £4 weekly.

Please tick as appropriate

Your child's swimming ability:

Please tick one

[] Beginner but NOT confident in water

[] Beginner but confident in water

[] Improver

[] Strong swimmer

[] Very strong swimmer

My child has the following medical condition which staff will need to be aware of when my child is swimming:

Signed: _____ Date: _____