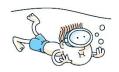
Darnhall Primary School Sandyhill Road WINSFORD Cheshire CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons

7th January 2019



Year 4 Swimming Lessons

Dear Parents and Carers.

Beech class will be starting their swimming lessons on Tuesday 15th January. The lessons will continue until Tuesday 26th March. They will have a half hour lesson at Sir John Deane's Leisure Centre starting at 1.00pm. The children will be transported by coach to and from Sir John Deane's and they will return to school by 2.15pm. School staff will accompany the children at all times.

The parental contribution towards the transport costs for the swimming lessons is £12 per child per term which must be paid via our ParentPay system. The school budget pays for the children's actual lessons.

The following rules apply when participating in swimming lessons:

- No Jewellery can be worn. Children must remove any earrings or watches etc before entering the swimming pool.
- Boys should wear swimming shorts no longer than just above the knee and not too baggy.
- Girls must wear a full swimming costume no bikinis or tankini's please.

If you would like your child to use goggles during their lesson, please indicate on the reply slip below. This is a very important life skill for the children and we look forward to reporting their progress to you later in the year.

Regards

Mrs Tomlinson Headteacher





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admin@darnhall.cheshire.sch.uk







BEECH CLASS SWIMMING LESSONS

Child's Name:	Class: BEECH
I give permission for my	child to attend swimming lessons at Sir John Deane's
I have paid my pa	rental contribution of £12 via the ParentPay system
Please tick as applicab	e :
I give permission f	or my child to use goggles
☐ I DO NOT want m	y child to use goggles
Signed	Date







admin@darnhall.cheshire.sch.uk







FORM 'C' PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name	e of Child Class	
Leaving I agree	ils of visit to: SWIMMING LESSONS Date of visit: EVERY TUESDAY FROM 1 ing School at: 12.40pm Arriving back at school at: ee to my child taking part in this visit	2.15pm
describ	re read the information sheet I agree toriped.	ting in the activities
	nowledge the need for to behave responsib	oly throughout the
Medica a]	ical information about your child Any conditions requiring medical treatment, including medication?	YES/NO
	If YES, please give brief details:	
b]	Please outline any food or other allergies and special dietary requireme	ents of your child:
c]	Any recent illness or accident staff should be aware of?	
d]	When did your son/daughter last have a tetanus injection:	
	aration	
surgica	ee to my son/daughter receiving medication as instructed and any emerge ical treatment, including anaesthetic or blood transfusion, as considered no ical authorities present. I understand the extent and limitations of the insuided.	ecessary by the
Emerg	rgency contact telephone number for the day of the visit:	
Name	e of Contact:	
Work:	k:Home	
Signed	ed Date	
Full Na	Name [capitals]	





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