

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

7th September 2018



Year 5 Swimming Lessons

Dear Parents and Carers,

Rowan class will be starting their swimming lessons on Wednesday 12th September. The lessons will continue until Wednesday 5th December. They will have a half hour lesson at Sir John Deane's Leisure Centre starting at 1.15pm. The children will be transported by coach to Sir John Deane's and they will return to school at 2.30pm. 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



www.darnhall.cheshire.sch.uk

admin@darnhall.cheshire.sch.uk



ROWAN CLASS SWIMMING LESSONS

Child's Name: _____ Class: ROWAN

I give permission for my child to attend swimming lessons at Sir John Deane's

- I have paid my parental contribution of £12 via the ParentPay system

Please delete as applicable:

- I give permission for my child to use goggles OR
- I DO NOT want my child to use goggles

Signed _____ Date _____



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

Name of Child Class

Details of visit to: SWIMMING LESSONS Date of visit: EVERY WEDNESDAY FROM 12/9/18- 5/12/18

Leaving School at: 12.30pm Arriving back at school at: 2.15pm

I agree to my child taking part in this visit

I have read the information sheet I agree to 's participating in the activities described.

I acknowledge the need for to behave responsibly throughout the visit.

Medical information about your child

a) 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 requirements 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:

.....

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work:Home

Signed..... Date.....

Full Name [capitals]



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