

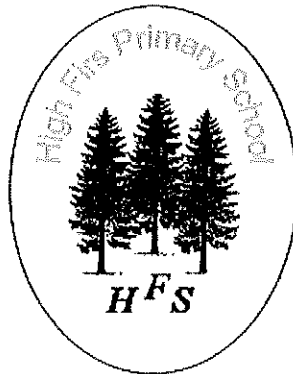
# High Firs Primary School

*Headteacher*

Mr C Turtle BA Hons PGCE NPQH

*Deputy Headteacher*

Miss C Rennie BA(Ed) Hons



Court Crescent

Swanley

Kent

BR8 8NR

Tel: 01322 669721

Fax: 01322 615997

18<sup>th</sup> June 2018

Dear Parents

## Year 6 Swimming

New government standards have been introduced which mean we are required to report on the children's swimming ability in Year 6. However, as it is now some years since our Yr6 class have had school lessons and so we will need to undertake some "top-up" lessons and current assessment prior to their move to secondary school! We are therefore pleased to let you know that we have arranged three sessions at White Oak Leisure Centre for the Year 6 children on **Fridays 6<sup>th</sup>, 13<sup>th</sup> and 20<sup>th</sup> July.**

Swimming is a PE curriculum requirement and all children will be required to participate, as they would any other lesson. The sessions will be taught by three instructors and as such we are able to accommodate all the children's abilities in the appropriate areas of the pool. The children will be supervised by school staff throughout.

## **Registration**

The children will need to be at White Oak for registration at 8.50am on these dates; a member of school staff will be waiting for them in the lobby. In order to ensure as little congestion as possible in this busy public area, once you have signed your child in with the adult registering them please do feel free to go. If your child is absent on a Friday, please notify the office by 9.30am as usual. Children who cannot swim because of a medical condition but who are well enough to attend school should be brought to school at the normal time on Friday mornings where they will be placed in another class for the first lesson of the day. Should a child be brought to the pool but the teacher or instructor considers them unfit to swim for any reason they will remain at the poolside, under the care of school staff, to watch the lesson.

## **Swimwear**

Every child will need to bring appropriate swimwear (one-piece costumes for girls), a swimming hat and a towel. Please ensure they are all named!

## **Break and Meals**

The children can get very hungry after swimming! They may therefore bring a small snack to eat at school after their swimming lesson. This can be a piece of fruit, a cereal bar or 2 plain biscuits. No sweets, crisps or chocolate please.

## **Breakfast Club**

If your child attends Breakfast Club on a Friday morning, we may be able to find parent volunteers to provide transport from Breakfast Club to the pool, but this cannot be guaranteed. If possible could you please make



Achieving more together



alternative arrangements to transport your child to the pool in time for the lesson. If you cannot make alternative arrangements, please indicate this on the Consent Form.

### **Costs**

As top-up sessions, rather than our usual curriculum lessons, we are able to allocate additional funding to these three sessions. In addition, as the children are now a little older, we will be walking back from the Leisure Centre to school after the sessions so there will be no coach fees. There is therefore no charge to parents for the children to participate.

### **Swimming Transport**

Can you help, please? We need a couple of volunteers each week to drive our Breakfast Club children and supervising staff to swimming at White Oak, leaving from High Firs at 8.30am. If you are able to support us with this please indicate on the Consent Form.

### **Consent Form**

Please complete and return the attached Consent Form by Thursday 21<sup>st</sup> June.

If you have any queries, please do not hesitate to contact me.

Kind regards

Miss C Rennie  
Deputy Headteacher



Achieving more together



<b>PARENTAL CONSENT FOR A SCHOOL VISIT</b>	
<b>Visit &amp; Date</b>	<b>Swimming – 6<sup>th</sup>, 13<sup>th</sup> &amp; 20<sup>th</sup> July 2018</b>
I agree to my child participating in the above lessons as per the details on the accompanying letter or information sheet. I agree to my child's participation in the activities described and acknowledge the need for them to behave responsibly.	
<b>Child's Name</b>	
<b>Child's Date of Birth</b>	
<b>Child's Full Address</b>	
<b>Emergency Contact Information</b>	Name: _____ Relationship to child: _____ Mobile telephone: _____ Home telephone: _____ Work telephone: _____ Home address: _____
<b>Alternative Emergency Contact Information</b>	Name: _____ Relationship to child: _____ Mobile telephone: _____ Home telephone: _____ Work telephone: _____ Home address: _____
<b>Medical Information</b>	Does your child have any condition (including allergies) which may require medical treatment, including medication? If YES, please give details below and completed the separate medication form if appropriate.
<b>Doctor's Information</b>	Name of family Doctor: _____ Telephone: _____ Address: _____
<b>Declaration</b>	I agree to my child receiving any medication as instructed and for any emergency dental, medical or surgical treatment (including anaesthetic or blood transfusion) as considered necessary by a First Aider or medical authorities present. I understand the extent and limitations of the insurance cover provided.

