



South Avenue Primary School

South Avenue, Sittingbourne, Kent ME10 4SU

Telephone: 01795 477750

Email: headteacher@southavenue.kent.sch.uk

Head Teacher: Mrs Diane Browning B.A Ed (Hons) N.P.Q.H.

Dear Year 4 Parents,



24th January 2018

SWIMMING in Term 4

We are pleased to inform you that we are able to take the children in Year 4 swimming at the Swallows Leisure Centre. The sessions will continue for 5 weeks, starting on Thursday 22nd February and 8th, 15th, 22nd and 29th March 2018. Qualified Instructors from the Leisure Centre will be tutoring, with the class teacher in attendance and helping where necessary.

Onyx Class will leave at approximately 10.00 am for a 10.30 am start.

Tanzanite Class will leave at approximately 10.30 am for a 11.00 am start.

Children will be expected to wear the correct swimwear - swimming trunks for the boys and swimming costumes for the girls and to bring a towel. No jewellery or "Bermuda" shorts. Swimwear should be named and carried in a sensible bag. A coat and waterproof shoes are also necessary should the weather be unsettled.

A contribution of £16.00 is required for the five weeks but can be paid weekly (£3.20 per session) if this is easier. If you are able to pay in full for the sessions at the beginning, this would be very helpful. Swimming is part of the National Curriculum and an important part of the work of the school, benefiting the children in many ways. For this reason we look forward to your support.

If the amount requested is likely to cause financial hardship, please contact the school. If there are any medical reasons why your child cannot take part, please inform your child's class teacher, in writing, prior to the swimming lesson.

Yours sincerely

Mrs D Browning
Headteacher



Y4 SWIMMING LESSONS

Name of child.....Class.....

- I enclose the full payment of £16.00 for the five swimming lessons.
- I will be paying £3.20 weekly for the swimming lessons.

*My child is a:- beginner intermediate confident swimmer.

Should the necessity arise, I agree to the person in charge of my child giving consent on my behalf for an anaesthetic to be administered, or for any urgent medical treatment to be given.

Signed: Parent/Guardian Date.....

*Please circle as appropriate

