



Blandford St. Mary
CE Primary School

'Let all that you do be done in love'

'Love, Hope, Respect, Perseverance, Responsibility'

Headteacher: **Mrs Rosaleen Beaver PGCE BA (Hons)**

Email office@blandfordstmary.dsat.org.uk

Website: www.blandfordstmary.dsat.org.uk

Wednesday 8th January 2025

Dear Parents / Carers,

Swimming Lessons

We are delighted we have once again been offered the use of Bryanston's swimming pool. **All** Year 4s will be offered the chance to go swimming. The 1st session will be on Wednesday 15th January. Following sessions will be the 22nd, 29th January and 5th, 12th February. After half-term it will be on 26th February and the 5th, 12th, 19th March, with the final session on the 26th of March.

During the term, the children will be working towards their ASA swimming badges and will be taught by swimming teachers from Bryanston staff.

Your child will need a swimsuit, swim hat, goggles and towel. If your child wears earrings, please ensure that these are removed at home before they come into school on Wednesday mornings. Girls must wear one piece swimsuits and boys need to wear swim trunks – no baggy board shorts please.

In order to keep costs low, we have arranged for the children to be taken to Bryanston School by minibus. We will be requesting a contribution of £23.50 for your child's transportation for the 10 weeks. Please pay via Arbor. If your child is pupil premium, the cost will be £11.75.

Please could you complete the attached permission slip and the medical form indicating any medical conditions your child may have and ensure that all medicine is in school by the morning of their swimming lesson.

Please return the completed forms and pay online via Arbor **by Wednesday 15th January.**

Best wishes,

Mrs Rosaleen Beaver

Headteacher



YEAR 4 SWIMMING LESSONS

Permission Slip

Child's name.....

☐ I give permission for my child to travel to and from Bryanston in the minibus

☐ My child can swim
25m without
swimming aids

☐ My child is a
complete beginner

☐ My child can swim
25m with the help of
swimming aids

☐ I have paid via Arbor

Signed..... parent/guardian

Swimming Medical Form

Name of Child.....

Any known medical conditions.....

Medicine needed in school (e.g. inhalers etc.).....

Signed.....