

'Let all that you do be done in love' 'Love, Hope, Respect, Perseverance, Responsibility'

Email: office@blandfordstmary.dsat.org.uk Website: www.blandfordstmary.dorset.sch.uk

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Friday 13th September 2024

Dear Parents / Carers,

We are delighted we have once again been offered the use of Bryanston's swimming pool for the Summer Term. All Year 6s will be offered the chance to go swimming.

The first swimming session will take place on Wednesday 2<sup>nd</sup> October, with the following swim sessions taking place on:

- 9<sup>th</sup> October
- 16<sup>th</sup> October
- 23<sup>rd</sup> October
- 6<sup>th</sup> November
- 13<sup>th</sup> November
- 20<sup>th</sup> November
- 27th November
- 4<sup>th</sup> December
- 11th December
- 18th December

During the term, the children will work towards their ASA swimming badges. 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 £25 (£12:50 Pupil premium) for the 11 weeks. Please pay via Arbor.

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

Please could you return the completed forms and pay online via Arbor

Many thanks,

Mrs Rosaleen Beaver

Headteacher











## **YEAR 6 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 £25/£12.50 via Arbor			
Signed	parent/guardian		
Swimming Medical Form			
Name of Child			
Any known medical conditions			
Medicine needed in school (e.g. inhalers etc.)			
Signed			