



# CHANTRY COMMUNITY PRIMARY SCHOOL

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Headteacher: Mrs Rebecca Reed BA (Hons) Ed



Dear Parents & Carers,

5<sup>th</sup> November 2018

## Year 5 Swimming

In the past we have provided "swimming activities" required by the National Curriculum to Year 5 children and it will continue this year.

The swimming sessions will take place at Battle Abbey Pool. The course will run for 10 weeks, beginning **7<sup>th</sup> January – 18<sup>th</sup> March 2019**. The children will return to school in time to eat their lunch.

The cost of the Pool and the swimming teachers will be covered by the school, we are however, asking for a voluntary contribution towards the cost of the transport. For the full 10 week period we are asking you for a voluntary contribution of **£10.00**. We do hope you will be able to support us in running this activity. This swimming course will benefit all children regardless of their swimming ability.

We are currently awaiting confirmation regarding the size of the minibus. Please indicate below if you are happy for your child to be transported by a member of staff if required.

Please complete the form below and return to school by **Monday 26<sup>th</sup> November**. Ensure detailed information of any medical condition is included, as we need to pass this information to Battle Abbey Pool.

We just have a few practicalities to pass on regarding this activity:-

- Please could children (particularly the girls) wear swimming hats, we do have these available but the children may wish to bring their own.
- No body lotion/shower gel/anti-perspirant should be brought. There is very little time for the children to shower and change. If children feel they really need anti-perspirant they may bring a small roll-on only.

Yours sincerely,

Becky Reed  
Headteacher

Mrs S Jackson  
Class Teacher

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## Year 5 Swimming

Child's Name: .....

\* I have paid a voluntary contribution of £10.00 on parentpay

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\* I give permission for my child to be transported by a member of staff

☐

Medical conditions .....Swimming ability .....

Signature of parent/carer:.....

Date: .....