



**Holt Community Primary School,
Norwich Road, Holt,
Norfolk, NR25 6SG**
Tel: 01263 713107
Fax: 01263 711039
email: head@holt.norfolk.sch.uk

11 December 2013

Dear Parent/Carer

Swimming Lessons, Spring Term, Wednesdays 13.00-14.00

I am writing to you to inform you that your child will be doing swimming lessons during the Spring Term, at least until half-term. They take place weekly on Wednesday afternoons.

Would you please help your child to make sure that they remember their kit on Wednesdays. They need: swimming costume, towel and swimming hat in a separate bag. Some children like to use nose-clips and/or goggles, but unless your child is used to this equipment my advice would be to not provide them.

Next term, for the first time in a generation, we will be doing our swimming lessons at Gresham's pool. Gresham's have been very generous to let us use their pool, and Mrs Lieberman has very kindly agreed to teach the children. She is a very experienced swimming teacher, and has already taught many Holt School children in her private evening sessions there.

Learning to swim is a crucial part of your child's education. The lessons that we provide are high-quality and intense. It is important that your child swims every week, and that they remain positive about their capacity to learn. I'm sure that you will help support them next term.

Yours sincerely,

SJ Sutcliffe



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To be completed by the Visit Leader: Mr Sutcliffe

Please return to Mr Sutcliffe

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Your child will be involved in the swimming programme during the 2013/14 educational year.

Location of Pool: Gresham's Senior School Swimming Pool

Method of travel: Gresham's Mini Bus (seatbelts fitted as standard)

To be completed and returned by the Parent/Guardian

I understand that my child _____
will have swimming lessons as part of the national curriculum.

My child has no medical condition preventing participation but the instructor should be informed of the following medical condition _____
(i.e. Asthma, epilepsy, diabetes)

My child has a medical condition preventing participation and I enclose a doctor's note.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.