Headteacher

John Galvin

Petworth CofE Primary School

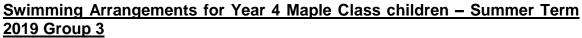
South Grove, Petworth, West Sussex, GU28 0EE

Tel: 01798 342369 **Fax:** 01798 343195

E-mail: offfice@petworth.w-sussex.sch.uk **Website:** www.petworth.w-sussex.sch.uk



Dear Parents/Carers,



I am writing to let you know the arrangements for swimming as part of Year 4's school curriculum. Unfortunately the Government funding for sport does not cover swimming, however as it part on the National Curriculum the school will be covering the cost of the pool and minibus hire. The children will be split into three groups and each group will have a one hour lesson for four consecutive weeks, at Northchapel Primary School.

To follow Northchapel's guidelines the following equipment will be required:

Girl's swimming costume all in one (no bikini's)

Boy's swimming trunks or lycra swimming shorts (not Bermunda shorts).

Swimming cap (if you have your own swimming cap this can be used, if not the school will provide your child with one).

Towel

Goggles if your child requires them

Comb or brush

Extra warm top (to save school sweatshirt from getting wet)

Waterproof bag for these (a strong carrier bag will do)

Please note children are responsible for all their belongings and if they do not have the appropriate swim wear they will not be able to go swimming.

Travel:

Children will travel in school time by minibus to Northchapel Primary School and will be accompanied by staff from school. The children will be back by 3.15pm on the following Thursday afternoons starting 27th June then 4th, 11th, 18th July.

I would be pleased if you could sign and return the attached Consent Form **by Tuesday 23rd April 2019.**

Yours sincerely

Rob Neary
PE Co-ordinator

PETWORTH CE PRIMARY SCHOOL

YEAR 4 SWIMMING SESSIONS Monday afternoons starting 27th June, then 4^t, 11th & 18th July at Northchapel Primary School

I wish my so				(name)
•		entioned school visit on any or all of the ac	t and having read th ctivities mentioned.	e information letter,
I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.				
reasonable of	care of the chi or any loss, dam	ildren, unless they	lpers in charge of the are negligent the ed by my son/daugh	ey cannot be held
•	hool Journey In Sussex County	_	Chartis Insurance l	JK Ltd is available
Please delet	e and complete	the following as is	s appropriate.	
My child has:	the following ill	rgy or physical disal ness or physical dis out which does not a	sability *	
which necess	sitates the followi	ing medical treatme	ent:	
I consent to a	iny emergency m	nedical treatment ne	ecessary during the	course of the event.
Signed				_Parent/Guardian
Address	HOME		WORK	
Tel. No.	HOME		WORK	
If not availabl	e at the above, p	olease state an alte	rnative contact:	
Name			Tel. No.	