



Monday 17th December 2018

Dear Parents/Carers

Ollivanders - Swimming Lessons – Spring Term

In the Spring Term, as part of the PE curriculum for Year 4, children in Ollivanders class will be having swimming lessons. These lessons are part of the National Curriculum to ensure that all children have the opportunity to learn swimming skills before they leave primary school.

The swimming lessons will start on Wednesday 16th January 2019 for Ollivanders. Children will be travelling by bus and on foot to Crystal Palace National Sports Centre. The school will be paying for these lessons, so you are not required to pay. All children are required to take part in these lessons as one of the main aims is to really boost their swimming confidence.

Your child will need to bring an appropriate swimming costume – one piece costume for girls (no bikinis) and trunks for boys (no shorts), swimming hat and a towel. This should be brought in a suitable bag, which your child will be carrying on the day. If a child has a verruca they can still swim, but will need to wear a verruca sock (a rubber close fitting sock that can be bought in a chemist).

To enable this fabulous opportunity to take place, we ask for parent helpers on each of these days from 11:50am to 2.45pm. If you can assist us, please email me at mjones@thecrescent.croydon.sch.uk and I will confirm if you are needed.

Please return the Swimming Lesson form before Friday 21st December.

Many thanks

Mr Jones



Ollivanders Swimming Lessons – Spring Term (2019)

I wish my son/daughter of
Ollivanders class to be allowed to take part in swimming lessons at Crystal Palace National
Sports Centre.

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 instructions given by the staff in charge are obeyed.

Please delete and complete the following as is appropriate.

My child has _____ no illness, allergy or physical disability*
_____ the following illness or physical disability*
_____ *Cross out which does not apply

which necessitates the following medical treatment _____

I consent to any emergency medical treatment necessary during the course of the visit.

My child can/cannot swim (delete as appropriate). No of metres _____.

Signed _____
Parent/Guardian

Emergency contact name
Contact telephone number