## St Mark's CofE School

Stafford Road, Shirley, Southampton. SO15 5TE

Tel: 023 8077 2968

Email: <u>info@st-marks-southampton.org.uk</u>
Executive Headteacher: Mrs Stephanie Bryant
Head of School Primary: Mrs Victoria Sutton





## **Tuesday 14th March**

Dear Parent / Carer

## **Year 5 Swimming Programme**

## **Dear Parents**

We are delighted to inform you that we are, once again, able to resume our swimming programme. We have partnered up with the local Shirley Swimming Pool. Both year 5 classes will take part.

- Dates:
- 50B Term time Fridays from 21st April to 26th May
- 5S Term time Fridays 9th June to 14<sup>th</sup> July.
- Venue: Shirley Swimming Pool
- Start time: We will be leaving school at 1.00pm.

Children will return to school in time for the end of the normal school day.

Children will be walking to the pool together with the class teacher and additional adults. While at the pool, they will be supported by the swimming teachers and team at Shirley Pool during the lesson. We will be walking to the pool so please ensure your child has a raincoat, regardless of the weather in the morning.

Children should come to school in PE kit with a **one-piece** swimming costume or short/trunks and towel in a rucksack. They will be required to carry the rucksack to the pool and back. Children can come to the school with the swimming costume underneath their PE kit for speed and convenience at the start of the session if they wish but please remember to pack under-clothes to change back into. Children are also welcome to bring goggles if they are happy and confident to use these. Children will be changing in the pool facilities and will have access to private booths if they are required.

If you have any further questions, please do not he sitate to ask.

Please complete the form below and return to Miss O'Brien/Mrs Stevens by Thursday 23rd March.

Failure to return this form will mean your child will be unable to take part in any of the sessions.

Yours sincerely

Mr A Munnings

**Head of Physical Education** 

Swimming Lessons
I give permission for my child:
to take part in Swimming lessons
Emergency contact number:
Experience (Please circle the best description of your child's experience)
My child is a non-swimmer or can swim less than 5m
My child can swim 5m to 20m without swimming aids or support (a width)
My child can confidently swim 25m without swimming aids or support (a length)
My child can confidently swim more than 25+ without swimming aids or support
Signed (Parent/Carer) Date:
Please note all relevant medical details