



**Archbishop Courtenay
Church of England
Primary School**

Eccleston Road
Tovil
Maidstone
Kent
ME15 6QN

☎ 01622 754666
✉ office@abc.aquilatrust.co.uk
🌐 www.archbishopcourtenay.org.uk
Headteacher: Mrs S Heather
Chair of Governors: R O'Connell

18th March 2022

Dear Parents and Carers of children in Year 5 and Year 6 Dali and Morris Class,

SWIMMING LESSONS

We have arranged swimming lessons for all Year 5 and Year 6 children as part of our PE curriculum at Mote Park Leisure Centre during Term 5. The children and staff will leave school and travel by coach apart from Thursday 28th April and Thursday 5th May when no coach is available and the children will have to walk and be brought back in time for the end of the day. The dates are as follows:

Thursday 21st April 2022

Thursday 28th April 2022

Thursday 5th May 2022

Thursday 12th May 2022

Thursday 19th May 2022

Thursday 26th May 2022

We are asking for a voluntary contribution of £3.00 per week or £18.00 in full for the 6 weeks payable from the first session which can be paid through Parent Pay.

The children will need a packed lunch for these days as we might be eating lunch after swimming at the Leisure Centre as the catering team will have finished serving meals by the time we return to school. Please speak to the office if this is not possible

Please ensure that your child brings appropriate swimwear (trunks or shorts for boys, one piece costume for girls - **no bikinis**), a towel, goggles, swimming cap if required and spare underwear in a named bag. If you have any queries please do not hesitate to contact your child's teacher or the school office.

Please indicate below how confident a swimmer your child is to enable the swimming instructors to organise the groups.

Please return the permission slip below by Friday 25th March 2022.

Year 5 and 6 Team





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TO: ARCHBISHOP COURTENAY PRIMARY SCHOOL

CHILD'S NAME:..... YEAR 5/6 – DALI/MORRIS CLASS

I give permission for my child to travel by coach to attend swimming lessons at Maidstone Leisure Centre. Should the need arise I give consent for my child to receive any urgent medical attention and understand that this may include an anaesthetic and/or blood transfusion

- My child cannot swim ☐
- My child can swim a little (without armbands) ☐
- My child can swim 25m ☐

Signed:.....

Date:.....

Parent/Carer

EMERGENCY CONTACT	NAME	TELEPHONE NUMBER
Contact 1		
Contact 2		

You may withdraw your consent at any time by informing the school in writing.

