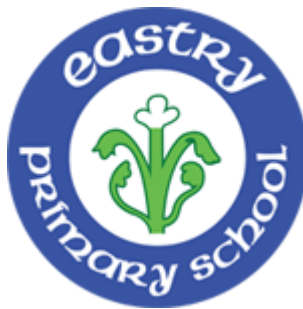


Mrs Sarah Moss, Headteacher
Tel: 01304 611360
Fax: 01304 621145
Email: headteacher@eastry.kent.sch.uk
www.eastry.kent.sch.uk



EASTRY CHURCH OF ENGLAND
PRIMARY SCHOOL
COOKS LEA
EASTRY
SANDWICH
KENT
CT13 0LR

13th May 2024

Dear Parents and carers,

Catch-up Swimming Lessons

We have arranged some additional swimming lessons for children in Year 4 who were unable to swim 25 metres when taking part in swimming lessons with the school last year.

These lessons will take place in Term 6 on Thursday mornings from 10.00am to 11.00am (1 hour lesson) for 6 weeks. The first lesson will be on Thursday, 6th June with the last lesson being on Thursday, 11th July. The children will leave school at approximately 9.20am travelling by coach to the Duke of York's Royal Military School. The children will be back in school for lunch.

In order to keep costs to a minimum, the children will be joined by Year 3. They will be divided in to 2 groups, based on ability, each with their own swimming coach.

We have looked at various options to enable us to ensure that children continue to learn and improve this essential skill, to meet our statutory obligations and to keep the costs as minimal as possible. By providing a 1 hour lesson over a shorter period of time, and combining lessons with two year groups, we have been able to reduce the cost considerably. The school has an obligation to try and ensure all children leave school able to swim 25 metres. In order to meet this obligation, the school currently arranges lessons for all children in Year 3. This year, we are also providing free catch-up swimming lessons for children in Year 4 who are unable to swim 25 metres and, which we feel, will be of great benefit to your child.

Please complete and return the attached slip, by Wednesday, 22nd May, to enrol your child in these free additional lessons.

Kind regards

Sarah Moss
Headteacher

Consent Form

Catch-up Swimming Lessons - Thursday, 6th June to Thursday, 11th July

My child _____ Year _____ MAY participate in the above swimming lessons

Any allergies? YES/NO* Please specify:

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

Signed: _____ Name: _____

Contact Telephone: _____
(Parent/Guardian)

*Please delete as appropriate