



**St Thomas of Canterbury School,**  
A Catholic Voluntary Academy,  
Chancet Wood Drive,  
Sheffield,  
South Yorkshire, S8 7TR

**Tel:** 0114 274 5597

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**Head of School:** Liam Colclough  
**Executive Headteacher:** Andrew Truby

8<sup>th</sup> Feb 2018

Dear Parent,

Swimming is a compulsory part of the National Curriculum and we will be taking our Y5 pupils to Graves Leisure Centre.

The sessions begin on Friday 25<sup>th</sup> May 18 in the afternoon with the last session being on Friday 22<sup>nd</sup> June 18 (4 sessions at 40 minutes per session) and are within the normal school hours. We will be walking up and will then be transported back to school by minibus.

Sessions dates are:

25<sup>th</sup> May 18

8<sup>th</sup> June 18

15<sup>th</sup> June 18

22<sup>nd</sup> June 18

If your child uses an inhaler, he/she must have it with them on the poolside. If there are any medical issues, which may affect your child, please indicate on the permission slip.

To enable the swimming staff to tailor your child's needs regarding their ability please answer the questions on the permission slip.

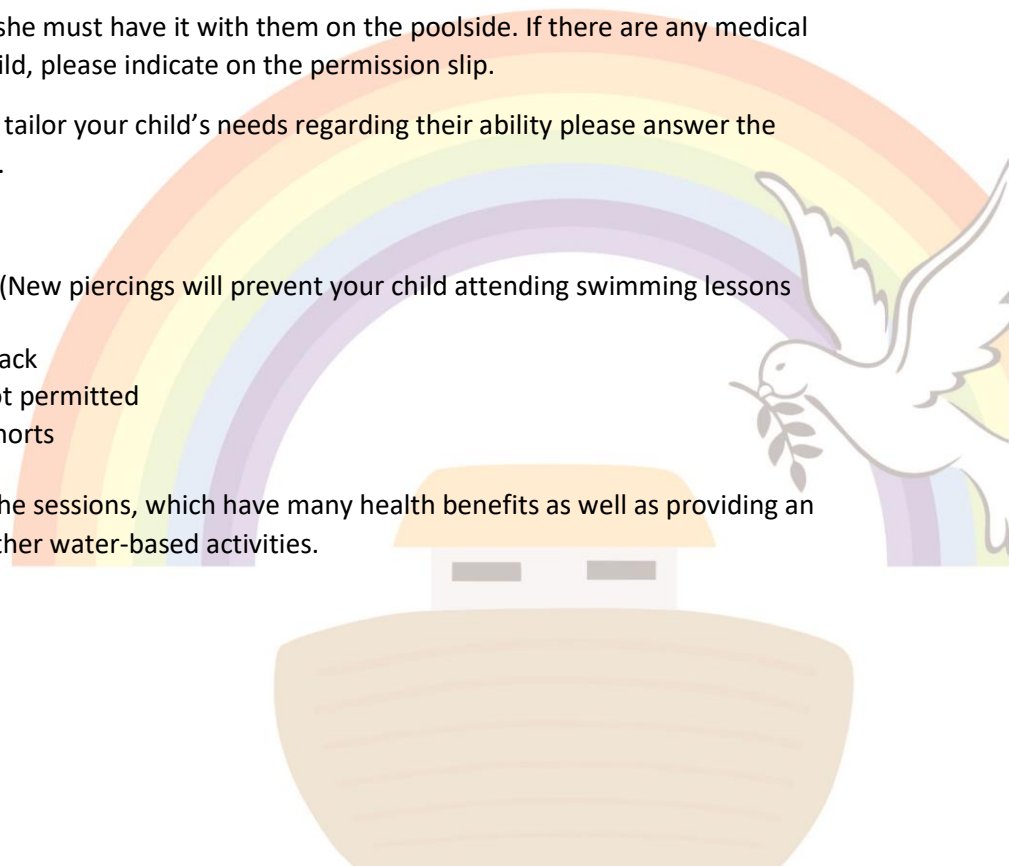
**Please note:**

- No jewellery is allowed. (New piercings will prevent your child attending swimming lessons for six weeks.)
- Long hair must be tied back
- Goggles are generally not permitted
- No bikinis or Bermuda shorts

I'm sure the children will enjoy the sessions, which have many health benefits as well as providing an essential foundation for many other water-based activities.

Many thanks

Mr Richardson





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**Year 5 Swimming Lessons**

I give permission for \_\_\_\_\_ to attend swimming at Graves Leisure Centre.

Is your child a Swimmer  Non swimmer   
 Does your child use flotation aids Yes  No   
 Is your child currently having lessons Yes  No

Distance to swim unaided \_\_\_\_\_

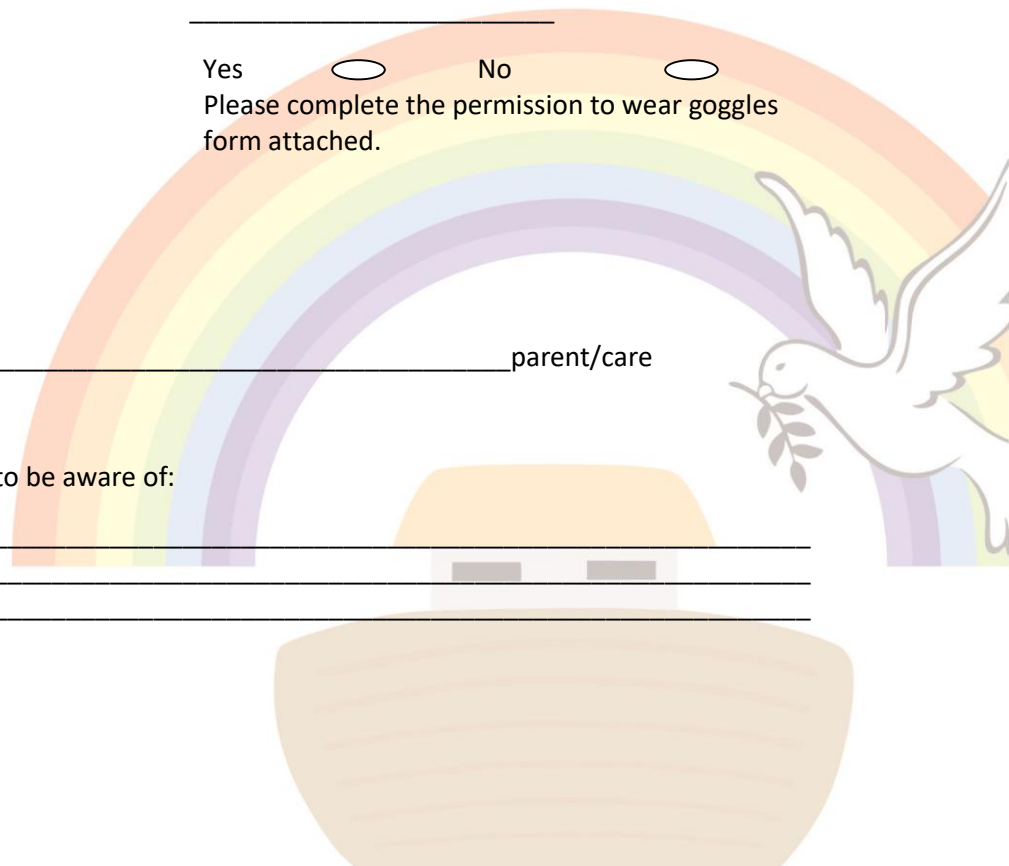
Any swimming qualifications \_\_\_\_\_

Swimming goggles to be worn Yes  No   
 Please complete the permission to wear goggles form attached.

Signed \_\_\_\_\_ parent/care

Any medical problems we need to be aware of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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## School Swimming Service

### Permission to wear goggles

Childs name \_\_\_\_\_

School \_\_\_\_\_

Please allow the above named person to wear goggles during their school swimming lesson.

I understand that:

- Goggles will be worn at the owners risk
- There may be times that we ask that child not to wear goggles in order to meet their National Curriculum requirement; e.g. water confidence and personal survival.
- Any misuse of the goggles will result in confiscation – to be returned at the end of the lesson.

Signed \_\_\_\_\_ Parent Guardian

Print Name \_\_\_\_\_ Parent/Guardian

