

Headteacher: Mr Chris Johnson

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Creating opportunities for everyone

26<sup>th</sup> February 2020

Dear Parents/Carers,

As part of the National Curriculum children are expected to be able to swim at least 25 metres when they leave Primary School.

When your child was in Year 3 they attended swimming lessons at The Ashford School every Tuesday. We are now revisiting your child's swimming ability by offering some additional lessons to try and ensure they can meet the above target.

These additional swimming lessons will be held in small groups at Grosvenor Hall Outdoor Activity Centre. The first group will be starting on Wednesday 4<sup>th</sup> March and your child has been chosen to be in this group. Every child will attend for a different number of sessions; once they have proved twice that they can competently complete the task they will be signed off and another child will take that place. The lessons will take place after lunch and your child will be back in school ready for 3.15pm pick up a normal. The children will be walking too and from the centre.

Children will need to bring with them a suitable sized towel and their swimming trunks/costume (not a bikini) in a separate waterproof bag. Please ensure no earrings or watches are worn on these days as the school cannot take responsibility for lost items.

Please fill in the permission slip below and return it to school as soon as possible. We will keep you informed of the dates your child will be attending. Thank you for your cooperation in this matter.

Yours sincerely,

Mr Chris Johnson  
Headteacher

Booster swimming lessons – Year 5

I give permission for my child.....to attend the booster swimming lessons at Grosvenor Hall Activity Centre.

In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff accompanying my child to hospital to approve the application of any emergency treatment including anesthetic as advised by the medical authorities for the well-being of my child.

My child is allergic to/suffers from .....

Emergency telephone number .....

Signed..... Date.....

Name of Parent/Carer.....

