



Briary Primary School
 Briary Community Campus
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 Herne Bay
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Mr R McDonagh
 Headteacher
 Mrs N Murrell
 Deputy Headteacher

09 December 2016

Dear Parents/Carers

On **Tuesday 8th November**, children in **Donaldson** class will begin their swimming lessons at Heron's Pool in Herne Bay. There will be 6 lessons. Due to the increasing costs of taking the children may we ask you to contribute **£3.00 per session** towards the cost of transport, hire of the pool and a specialist swimming coach. Please ensure that payment is in a sealed envelope with your child's name and class. If you wish to pay for the total cost of the swimming you may do so.

Some children will be taken to the pool in a minibus but two children will need to travel in a staff car. Please indicate on the attached form if you are happy for your child to travel this way.

Girls must wear a swimming costume **NOT** a bikini and if she has long hair it is tied up away from her face. Boys must wear Speedo type swim shorts and **NOT** 'surfer' style shorts. We have found that the best bags for swimming are the supermarket shopping bags. Please ensure everything is named.

Please could you also indicate below which area of the swimming pool your child would be safest in?

Yours sincerely

Mrs A James
 Early Years Leader

BRIARY PRIMARY SCHOOL SWIMMING LESSONS

Dates for Donaldson Class Swimming – for your information

Tuesdays	
8 th November	15 th November
22 nd November	29 th November
6 th December	13 th December



BRIARY PRIMARY SCHOOL
DONALDSON CLASS SWIMMING LESSONS

I agree to my child..... to participate in Swimming lessons on Monday afternoons from **Tuesday 8th November 2016**.

Please tick as necessary

Deep end (confident swimmer)

Shallow end (can swim a width)

Training pool (not able to take feet off the bottom)

Very shallow pool (not at all confident)

I am happy for my child to travel by minibus

I am happy for my child to travel in a staff members car

Should the need arise, I agree to the person in charge giving consent on my behalf for an anaesthetic or any other urgent medical treatment to be given.

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

Please supply a telephone number where you can be contacted in case of emergency.

Emergency Tel No: