



RAVENOR PRIMARY SCHOOL

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Head Teacher: Mrs. L Lobo

Deputy Head Teacher: Ms. L Wright

Thursday 6th September 2018

Dear Parents and Carers,

Re: Swimming in Year 4

The purpose of this letter is to inform you about the swimming arrangements for your child, this year.

Where will the children receive swimming lessons?

The Year 4 children will go to **Gurnell Leisure Centre** for their swimming lessons. The lessons will be taught by qualified instructors from the leisure centre.

How will the children travel to the swimming pool?

The children will be taken to Gurnell Leisure Centre by their class teacher and other members of support staff. They will travel by **bus**. There will be **no cost** for the travel.

When will my child's swimming lessons take place?

Swimming lessons will take place on a **Monday** in the **afternoon**. The children will leave school at 12.15pm and will return to school before the end of the school day. Each class will receive 5 weeks of swimming lessons and each lesson will be one hour long. Below is a list of the dates that each class will attend Gurnell Leisure Centre for their lessons-

Mulberry	Hawthorn	Sycamore
Lesson 1: Monday 24 th September 2018	Lesson 1: Monday 5 th November 2018	Lesson 1: Monday 14 th January 2019
Lesson 2: Monday 1 st October 2018	Lesson 2: Monday 12 th November 2018	Lesson 2: Monday 21 st January 2019
Lesson 3: Monday 8 th October 2018	Lesson 3: Monday 19 th November 2018	Lesson 3: Monday 28 th January 2019
Lesson 4: Monday 15 th October 2018	Lesson 4: Monday 26 th November 2018	Lesson 4: Monday 4 th February 2019
Lesson 5: Monday 29 th October 2018	Lesson 5: Monday 3 rd December 2018	Lesson 5: Monday 11 th February 2019

What will the lunch arrangements be on the days that my child goes swimming?

If your child has a school lunch they have two options.

- A packed lunch can be brought in on the day your child goes swimming, instead of having a school lunch on that day.

Or

- The school will provide a packed lunch for your child to eat on the day they go swimming.



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Please indicate your preferred option on the attached slip.

Children who usually have a packed lunch will need to bring in their packed lunch in the usual way.

What does my child need to bring on the days they are going swimming?

All children need to come to school dressed in their school uniform, as usual. They will get changed for their lessons at the swimming pool. Each child will need to bring a bag with the following items on the day of their swimming lessons:

- A towel
- A swimming hat
- Swimwear (A swimming costume/swimming trunks. No bikinis.)

Before your child starts their swimming lessons, please support your child at home by encouraging them to practise putting their swimming hat on by themselves. All children are expected to put their own hats on independently when they are at the pool.

What do I need to do next?

Please **complete the attached SV7**, which is needed for swimming and for all visits for the school year. Also, please complete the attached **permission slip**, giving your child permission to attend swimming as well as indicating your child's lunch arrangements. Completed SV7s and permission slips **must** be returned to your child's class teacher by **Thursday 13th September 2018**.

We are really looking forward to taking your children swimming this year and we are looking forward to seeing them developing their swimming skills over the course of their weekly lessons.

Thank you in advance,

Ms L. Brown
Mulberry Class
Year 4 Leader





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Year 4 Swimming 2018-19

Venue: Gurnell Leisure Centre

Child's name: _____

Child's class: _____

(please circle yes or no, accordingly)

- I give permission for my child to attend swimming lessons **Yes/ No**
- My child normally has a packed lunch **Yes/ No**
- My child normally has a school lunch and I want the school to provide a packed lunch on the days that they go swimming **Yes/ No**
- My child normally has a school lunch but I will be providing them with their own packed lunch on the days they go swimming **Yes/ No**

Parent's name: _____

Parent's signature: _____

Contact number 1: _____

Contact number 2: _____



PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: Swimming Termly - Gurnell Leisure Centre

Mulberry Class swimming - Weekly x 5 sessions

1. Details of visit to: _____

From: 24.09.18 **To:** 29.10.18

I agree to _____ (name) taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described. I acknowledge the need for him/her to behave responsibly.

2. Medical and dietary information about your child

a. Does your child have any conditions requiring medical treatment, including medication?
YES/NO

If YES, please give brief details. For medication, include details of dosage, and ensure your child brings a supply of this medication on the visit:

b. Please outline any special dietary requirements of your child

c. Please outline any special type of pain/flu relief medication your child may be given if necessary:

d. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

e. When did your son/daughter last have a tetanus injection?

f. Name, address and telephone of family doctor:

Swimming ability

- Is your child able to swim 25 metres? YES/NO
- Is your child water confident in a pool? YES/NO
- Is your child confident in the sea or in open inland water? YES/NO
- Is your child safety conscious of water? YES/NO

Giving consent below does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability

4. For residential exchanges only

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If yes please give brief details:

I will inform the Group/Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

5. Parental Declaration

- 5.1 I would like my child named above to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.
- 5.2 I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- 5.3 I confirm that my child is in good health and I consider him/her fit to participate

Signed: _____ Date: _____

Full name of parent/guardian: _____

Telephone numbers:

Home: _____ Work: _____

My home address is: _____
