LEYBOURNE SS PETER & PAUL C E PRIMARY ACADEMY



Rectory Lane North Leybourne West Malling Kent ME19 5HD

Tel: 01732 842008

Email: headteacher@leybourne.school www.leybourne.school

Headteacher: Tha Holditch

18th July 2025

Dear Parents

Swimming Terms 1 & 2: Friday 12.09.25 to Friday 28.11.25 - 10 weeks 5 Weeks in Term 1 and 5 weeks in Term 2 (Not including Friday 17th October- inset day and Friday 24th October - Half Term)

Swimming Terms 3 & 4: Friday 09.01.26 to Friday 20.03.26 - 10 weeks 6 Weeks in Term 3 and 4 weeks in Term 4 (Not including Friday 20th February-Half Term)

We are pleased to confirm that we have booked swimming lessons for 10 weeks during Terms 1 & 2 and 10 weeks for Terms 3 & 4 at Larkfield Leisure Centre for each child in Year 6.

The cost will £30.50 for Terms 1 & 2 and £30.50 for Terms 3 & 4. This includes both the cost of hiring the pools and the swimming lessons. The Leisure Centre now charge for the hire of the pools and this is non-refundable. Please note that if your child is unable to attend a swimming lesson due to illness, we will only be able to refund the cost of the swimming lesson (£1.35). If your child is unable to swim for any reason, please let us know the reason in writing before the swimming lesson is due to take place.

In order for us to keep the cost of the swimming lessons affordable, the children will be walking to and from the Leisure Centre, leaving school after an early lunch. The children will therefore need to bring in a packed lunch.

All of the swimming instructors are ASA Level 2 qualified or equivalent and are DBS checked by the Leisure Centre and lifeguards are present on poolside during all lessons. Swimming is part of the national curriculum and is compulsory. If your child can already swim they will be assessed and placed in the appropriate group. All the children will be continuously assessed throughout the term.

The children need to have appropriate swimwear, no shorts below the knees, no bikinis. Hair must be tied back, earrings must be removed before the lesson and goggles can be worn.

Nurturing the spark of God within

"Those who trust in the Lord will find new strength. They will soar high on wings like eagles" Isaiah 40:31



Please complete and return the attached consent form by **Monday 8th September 2025.** Your child will not be able to attend swimming lessons if we do not have a signed consent form.

The payment option will be available on Arbor until **Thursday 11th September 2025** for Term's 1 & 2 (£30.50), and until **Thursday 8th January 2026** for Term's 3 & 4 (£30.50). Please do not hesitate to contact Tina Holditch or Julie Hardy, in confidence, if you are likely to experience any difficulty with the cost of the swimming lessons.

Mrs Grinstead would appreciate any offers of help from parent volunteers to walk with the children to and from the Leisure Centre, and needs one volunteer helper each week. If you are able to help on one or more of the Fridays, please let the school office know.

Kind regards

Mrs Lynne Eldred Finance Assistant

Year 6- Swimming lessons at Larkfield Leisure Centre Friday 12th September 2025 - Friday 20th March 2026 I wish my child _____ (name of child) Class _____ to take part in the above-mentioned swimming lessons and agree to him/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. Please confirm your child's current swimming ability:-Non-swimmers and beginners Children who can swim at least 10 metres competently and unaided on their front and back. Children who can swim at least 25 metres competently and unaided on their front and back and can tread water for two minutes. Children who can safely and confidently self-rescue. I understand that, while school staff in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey. Date of Birth: Name of own Doctor: Doctor's Address: Please tick the appropriate box and complete any other necessary information: My child has no illness, allergy or physical disability My child has the following illness, allergy or physical disability which necessitates the following medical treatment: I consent to any emergency medical treatment necessary during the course of the visit. I have paid the £30.50 for Term 1 and 2 via Arbor https://leybourne.uk.arbor.sc/ and will make the payment of £30.50 for Term 3 and 4 by Thursday 8th January 2026.

If not available at the above, please state an alternative contact person and number.

_____ Work: _____ Mobile: ____

Telephone contact numbers for the duration of the trip

Name:Tell	lephone No:
Signed	Parents Name