

# LEYBOURNE SS PETER & PAUL C E PRIMARY ACADEMY



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9th September 2022

Dear Parents

**Swimming Terms 1 & 2: Friday 16.09.22 to Friday 02.12.22 - 10 weeks**

**5 Weeks in Term 1 and 5 weeks in Term 2 (Not including Friday 21<sup>st</sup> October or Friday 28<sup>th</sup> October 2022 -Half Term)**

**Swimming Terms 3 & 4: Friday 13.01.23 to Friday 24.03.23 - 10 weeks**

**5 Weeks in Term 3 and 5 weeks in Term 4 (Not including Friday 17<sup>th</sup> February -Half Term or Friday 31<sup>st</sup> March 2023)**

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 £24.25 for Terms 1 & 2 plus an additional £24.25 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 (£1.10). 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.

*As you may be aware, we are in the process of changing to a new parent payment system which is currently being set up. Once this is complete we will send you the details of how the payments can be made.*

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. All the children will work towards Swim England accredited awards and 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.

Please complete and return the attached consent form by **Thursday 15<sup>th</sup> September 2022.**

Kind regards

Mrs Lynne Eldred  
Finance Assistant

*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*



Leybourne Ss Peter & Paul CEP School is part of The Tenax School Trust which is an exempt charity and a company limited by guarantee, registered in England and Wales with company number 07542155. The registered office is at Culverden Down, Tunbridge Wells, TN4 9SH.  
01892 521595

**Year 6 - Swimming lessons at Larkfield Leisure Centre Friday 16<sup>th</sup> September 2022 – Friday 24<sup>th</sup> March 2023**

I wish my son/daughter \_\_\_\_\_ (name of child)

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.

I understand that, while the school staff and helpers 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.

**Please complete the following as is appropriate and cross out the statement which does not apply.**

My child has no illness, allergy or physical disability  
My child has the following illness, allergy or physical disability

Date of Birth:        /        /
Name of own Doctor:
Doctor's Address:

which necessitates the following medical treatment:

\_\_\_\_\_

Telephone contact numbers for the duration of the trip

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

I consent to any emergency medical treatment necessary during the course of the visit.

Signed \_\_\_\_\_

Date \_\_\_\_\_