

ASHILL VC PRIMARY SCHOOL

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Website: www.ashillschool.co.uk

Headteacher: Mr Dan Pickard

Dear Parents/Carers

RE – SWIMMING LESSONS for Badger Class (Year 5 and 6)

After the Easter holidays, Years 5 and 6 will be attending Dereham Pool for swimming lessons during the summer term. The slot is Friday morning and will begin on 17th April, 2026 when children will be put into groups appropriate to their ability. **Please note that this is the first Friday when we are back at school.**

This year we have decided to again split Year 5 and Year 6, in order to reduce the impact on learning in the classroom but equally smaller, more focused groups for swimming. We've also found that with teaching swimming in Year 3 and 4 as well, the children are generally more competent swimmers by this stage.

So, the sessions will be as follows:

Year 5: 17th April, 24th April, 1st May, 8th May, 15th May, (5 sessions)

Year 6: 22nd May, 5th June, *, 19th June, 26th June, 3rd July, (5 sessions)

*12th June is London residential

The swimming sessions will be taken by staff from Dereham Leisure Centre, as well as Mr Brown and Mrs Broadbear.

When the children are in school, instead of swimming, Year 6 will be taught by Mr Gooch in readiness for their SATs. After half term, Mr Gooch will be teaching Year 5.

* 12th June – any children not on residential can go swimming with Hedgehogs class as a one off.

EXTRA - 17th July – Any Year 6 not on transition days can go swimming for a leisure session with Mr Brown.

A few things to remember for swimming

Please ensure children bring their swimming kit, towel and underwear in a bag. Any school-based inhalers will be taken by staff.

Like in previous years, the normal rules apply in that girls must wear a one-piece costume and boys can wear either trunks or sensible swimming shorts. The children must not wear jewellery of any description and should not bring talcum powder. We would also remind parents that children should not bring any aerosol sprays, such as antiperspirant, as these can be dangerous in a crowded changing room.

Transport will be paid for by school.

Please note that if your child has a verruca this does not prevent them from going swimming. You can, if you so wish, provide them with a verruca sock to wear but this is not essential. Earrings are not allowed and should be removed before swimming or not worn at all. If your child wishes to wear goggles, please can you fill in the attached slip and we will pass this onto the swimming instructor.

IMPORTANT - PLEASE FULLY COMPLETE AND SIGN THE ATTACHED SLIP BEFORE RETURNING IT TO THE SCHOOL OFFICE IN ADVANCE OF THE FIRST SWIMMING SESSION.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Pickard'.

Mr D Pickard
Headteacher

SWIMMING

I understand that my child/children, will have swimming lessons as part of the national curriculum and hereby give permission for my child/children to go swimming.

My child currently, or very recently, has had lessons and reached the following standard: (please state in your own words their current ability level / depth of water they can swim in / colour hat group they have been in if they have attending swimming at Dereham before etc...)

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.....

PLEASE INFORM THE SCHOOL IN WRITING IF YOUR CHILD HAS:

- **no medical condition preventing participation but the instructor should be informed of a medical condition, i.e. asthma, diabetes, epilepsy, etc**
- **a medical condition preventing participation and enclose a doctor's note.**

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I agree to my child/ward 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.

I understand the extent and limitations of the insurance cover provided.

CONSENT TO WEAR GOGGLES

I consent to my child wearing goggles

Signed..... Parent/Guardian of.....

Please print name..... Dated.....

Should there be any amendments to this form after it has been handed in, please contact your child's teacher immediately.