

29 August 2025

Sample Parent

Sample Student (Year 1, Samples)

YR5 SWIMMING 2026

# The Grange Community Junior School

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## SWIMMING - Spring term 2026

### **Year 5 Swimming Lessons**

Dear Parents,

Under the County Swimming Scheme for nine-year-olds, our Year 5 children will start a series of swimming sessions beginning **Wednesday 7th January 2026.** The children will swim every Wednesday until the 11th March 2026, **except 18th February 2026** during half term. Dates include:

January 2026

7th, 14th, 21st & 28th

February 2026

4th, 11th & 25th

March 2026

4th &11th

We regard these sessions as an extension of school activities and all children will be expected to participate unless unable to do so on health grounds.

#### Health & Safety

Children suffering from skin infections, sores, running colds, ear and throat infections may not be able to swim.

Children must behave responsibly. If they do not, they present a safety hazard to themselves and others. Children who misbehave risk losing their swimming sessions.

#### Caps, Jewellery, Goggles

All children must wear a swimming cap, there are no exceptions.

All <u>watches</u> and <u>jewellery</u> including <u>earrings</u>, must be left behind. We will accept no liability for any watches or jewellery lost at the pool.

Goggles are optional but are recommended.

#### Hygiene

It is suggested that all children be given a bath the night before and that all nails be clean and short. A regular foot check is also advisable.

### Kit (In a waterproof bag)

Trunks or one piece costume Swimming cap Towel Hair brush or comb

Please sign the slip below and submit it <u>no later</u> than Friday 28th Nov 2025.  No child will be allowed to swim until a slip is received for him/her.
Yours sincerely,
Tracey Gomes Senior Administrator
Swimming Spring term 2026 - Permission slip
Child's Details
Full Name
Class
I confirm that I have read and understand the rules regarding the swimming lessons for Year 5 and give permission for my son/daughter to participate.
Please inform us of any medical information below
Parent/Carer's Signature
Please sign the Parent/Carer's name in BLOCKED CAPITALS
Parent/Carer's full name
Name: Date:

If you have any queries regarding these arrangements, please contact the school office.