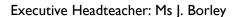
WALPOLE CROSS KEYS PRIMARY SCHOOL

28 Sutton Road, Walpole Cross Keys, King's Lynn, Norfolk, PE34 4HD.





Telephone 01553 828680 office@walpolecrosskeysprimary.co.uk www.walpolecrosskeysprimary.co.uk

5th March 2024

Years 2 & 3 Swimming – Thursdays - 25th April to 23rd May 2024

Dear Parents and Carers,

As part of their PE provision, your child will be going swimming in Summer term 1. Swimming lessons will take place at the pool located within **Clenchwarton Primary School** and the children will be transported to and from their lessons in a **minibus**.

In Summer 1 we will only be taking **class 2 pupils** and they will be taught by **Mrs Jones** every Thursday morning. Mrs Jones has completed all relevant training. These lessons will start on 25th April 2024 with the final session taking place on 23rd May 2024.

Please remember to bring **swim kits** (including swim **hats**) to school on the day of your child's swimming lesson. Swim hats are available to purchase from the school office at a cost of £1 - if you would like one please email the office (office@walpolecrosskeysprimary.co.uk).

There will be no cost for swimming, however we do need your consent. Please complete the consent via ParentPay no later than **Friday 22nd March 2024**. By providing your permission, you will be accepting that you understand the following:

- I fully understand and accept that, while the supervisory adults in charge of the group will take all responsible care of my child, neither they, nor West Norfolk Academies Trust, 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 West Norfolk Academies Trust, its employees or official volunteers.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present. Please provide any details of any medication that your child will need to have on the day on the reverse of this form.
- I also confirm I am happy for my child to be transported by minibus to and from this event. I understand the extent and limitations of the insurance cover provided.

Should you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Mrs Jones Class 2 Teacher











