



NORTHERN STAR ACADEMIES TRUST  
**New Park Primary Academy**  
 Skipton Road Harrogate HG1 3HF  
 Telephone 01423/503011  
 E-mail: admin@nepark.n-yorks.sch.uk  
 Headteacher: Mr. R Mold



6<sup>th</sup> September 2018

Dear Parent/Carer,

**Year 5/6 Swimming Lessons – Autumn Term September 2018 to December 2018**

Your child will be attending swimming lessons at the Hydro Pool during the Autumn Term as part of their timetabled PE programme. The first lesson will be on Thursday 20<sup>th</sup> September 2018 from 2.00pm to 2.30pm and will consist of 10 lessons in total.

We will walk the children to the pool, so ask that you send them to school with an appropriate coat. Your child will need a towel and either a swimming costume (not bikini) for girls or swimming trunks (not baggy shorts) for boys. Jewellery is not allowed and a **swimming cap must be worn by boys and girls.**

Please provide any medical details you would like the pool to be aware of for your child.

The cost for the whole term is £30.00 and we ask that you please pay the full amount any time before the first lesson. The preferred method of payment is online to Lloyds account number 42897160, sort code 30-93-91, referencing swimming and your child’s name or a cheque made payable to New Park Primary Academy. No cash can be accepted. If your child is in receipt of free school meals, their swimming fees will be paid for with the additional funding we receive, known as Pupil Premium.

The school does not have a separate fund to pay for swimming lessons and we rely heavily on payments from parents. Unfortunately, if insufficient payments are received, we will have to cancel the swimming lessons.

Please return permission slip before Friday 14<sup>th</sup> September.

We also need help to supervise the children to and from the pool. Please volunteer your help even if it is only once! Please indicate on the reply slip if you are available to help.

I give permission for my child.....to go swimming with the school to the Hydro Pool.

I will pay £30.00 online to cover the cost of this.

I can help with supervision. Yes/No

Signed.....Date.....

**Please provide any medical details below:**



Teaching School Alliance