



DURRINGTON INFANT AND JUNIOR FEDERATED SCHOOLS

Address: Salvington Road, Worthing, West Sussex, BN13 2JD
Telephone: 01903 260138 & 01903 260761
Email: officeinfant@dfed.co.uk & officejunior@dfed.co.uk
Website: www.durringtoninfantjunior.co.uk

Co-Headteachers: Mrs S Ensor B.Ed & Mrs Z Wilby MA Ed

11th March 2019.

Dear Parents and Carers,

Year 4 Swimming

As part of the PE curriculum we have arranged swimming lessons for all Year 4 children.

The children will travel by coach every Wednesday morning in the summer term, starting on **Wednesday 24th April**, to Splash Point where they will receive swimming lessons with a qualified swimming teacher.

We are asking you to help us by making a voluntary contribution of **£61** (cheques payable to Durrington Junior School) for the twelve lessons, or if you wish to pay in two instalments, you may pay £35.00 now and the remaining £26 by Monday 29th April. If you are unable to contribute to the lessons, please come and speak personally to us in confidence. If you are paying by cash, please have the exact money as we do not hold change in the office.

Please can you complete the attached medical form and return it to school with your contribution.

If you are able and willing to help on a Wednesday and have a current DBS please speak to your child's class teacher.

All children will need the following:

A one-piece swimming costume/trunks

A swimming hat (available to purchase from the office for £1.50)

A towel

A jumper or coat for travelling

A separate bag for their swimming equipment

Earrings **must be removed** before coming to school

Yours sincerely

Mrs S Ensor and Mrs Z Wilby

Co-Headteachers





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Y4 swimming

Name of Pupil.....Class.....

I enclose £61 in full as my contribution for the above named trip.

I enclose £35.00 as the first instalment for the above named trip and will pay the remaining £26 by 29th April.

Please place all money/cheques in a sealed envelope with your child's name, class, amount and what it is for clearly written on the front.

I give permission for my son/daughter to attend the above mentioned school visit and, having read the information sheet, agree to his/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.

I understand that whilst the school staff and helpers in charge of the party will take any 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 the duration of the visit.

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

(Note: A school journey insurance policy with Zurich Municipal Insurance Limited is available through West Sussex County Council, though claims arising from a pre-existing condition are exempt).

CURRENT MEDICAL DETAILS

My child has the following illness or medical condition/s (for example asthma, diabetes, epilepsy, anaphylaxis, eczema, hay fever, travelsick)

which necessitates the following treatment.....

Any Allergies i.e. nuts, plasters, penicillin.....

Any special dietary requirements.....

Date of last Tetanus injection.....Date of Birth

Doctor's Name & Surgery.....

Emergency Contact Name & Daytime Telephone Number.....

Home Address and Telephone Number.....

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

Date.....

