



Beaumont Lodge

PRIMARY SCHOOL

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Wednesday 07th January 2026

Dear Parents/Carers

Year 3 - Swimming Sessions
Tuesday 27th January 2026 to Tuesday 21st April 2026

Swimming Sessions - Year 3

Swimming sessions have been arranged from January 2026 for Year 3 children.

The lessons will be every Tuesday starting the 27th January 2026 - 21st April 2026. The children will leave school by bus, which will be fitted with seat belts at 12.45pm and return by 2.30pm. Nominated Teachers and Teaching Assistants will accompany and assist your child in the weekly teaching of swimming. To ensure that staffing levels are maintained, staff members accompanying your child may change.

In line with Health and Safety regulations, all children must wear a swimming hat, which can be purchased from the school at a cost of £1.00. **All jewellery (INCLUDING EARRINGS) must be removed, preferably being left at home.** Please label all swimwear, towels and school uniform to avoid misunderstandings and help towards the retrieval of lost property. Also, please note that children are not allowed to wear swimming goggles (unless a form has been completed) or bring with them any other equipment used to assist them during swimming (such as arm bands or rubber rings) as the children will be provided with equipment, if needed, during the lesson.

The cost of hiring the pool and tuition is paid for by the school and we ask for a contribution of £4.60 per session for the transport provided., or if it is easier you can pay £46.00 for all 10 sessions in one go. Payment to be made online via SCOPAY.

We do not require you to complete the usual medical information form, but we must inform you that we will be using the information that we currently hold in school and it is your responsibility to inform the school of any changes i.e. telephone contact numbers, medical information.

Yours sincerely

Mrs D Solla
Headteacher

Swimming Sessions- Tuesday 27th January - Tuesday 21st April 2026 - Year 3

We/I give permission for _____ to attend the above event

Medical Conditions _____

Name (printed) _____ Date: _____

Signed _____

Contact Telephone Number: _____

