



King's Oak Primary School

Oak Road, Bedford, MK42 0HH

Tel: 01234 220480 Fax: 01234 220481

Email: enquiries@kingsoakprimary.co.uk

Headteacher: Mrs Ali England

Visit our website: www.kingsoakprimary.co.uk

Thursday 17th May 2018

Dear Parent/Carer,

Year 6 Swimming Lessons

I am delighted to inform you that Year 6 will begin swimming lessons for 5 weeks after half term. The lessons will take place at Robinson Pool, Park Avenue, Bedford. We will take the children to and from lessons via coach.

Please note these lessons are part of the KS2 PE Curriculum, therefore you will not be charged and they are **compulsory**.

Please take note of the following dates for lessons:

- Lesson 1 - Friday 8th June
- Lesson 2 - Friday 15th June
- Lesson 3 – Friday 22nd June
- Lesson 4 - Friday 29th June
- Lesson 5 - Friday 13th July

We will be leaving school at **9.00am** to meet the bus.

Please ensure your child brings with them their swimming kit. This should consist of a suitable swimming costume/ swimming shorts and a towel. Please **do not** send shampoos etc. **NO EARRINGS ARE TO BE WORN.**

It would also be advisable for you to send a small snack (e.g. cereal bar/banana) with your child to have once we return to school.

Please provide details regarding your child swimming ability on the form attached.

Yours sincerely

Miss Fitch
PE Lead

Year 6 - Pupil Swimming Ability Questionnaire

Name of pupil _____

Age of pupil _____

In order for us to correctly group your child into swimming ability level. Please complete the following questions as honestly as possible to ensure that your child receives the correct structure of lesson.

If the pupil currently attends regular swimming lessons please complete section A,

If the pupil DOES NOT currently attend regular swimming lessons please complete section B

SECTION A

- 1) What was your child's last distance badge achieved? _____
 - a) What date was it awarded? _____
- 2) What level was your child's last National Swim Plan Award achieved? _____
 - b) What date was it awarded? _____
- 3) What level was your child's last Water Skills Award achieved? _____
 - c) What date was it awarded? _____
- 4) Does your child wear arms bands and or a tummy band? _____

SECTION B

Water confidence

- 1) Can your child put their face in the water and blow bubbles? _____
- 2) Can your child move in water that is within their depth? _____
- 3) Can your child swim in water that is within their depth? _____
 - a. If yes how far can your child swim? _____
 - b. Does your child wear arm bands and or a tummy band? _____
- 4) Can your child swim in water that is out of their depth without the use of arm bands and or a tummy band? _____
 - a. If yes how far can they swim? _____
- 5) Can your child perform a floating shape on top of the water? _____
- 6) Can your child perform 3 different shaped jumps into the water? _____
 - a. With or without assistance (delete as applicable)
- 1) Does your child have any medical or special conditions that we need to be made aware of?

If your child regularly uses an inhaler please make sure that they have this with them.

Thank you for your honesty, the results from this questionnaire will be used to ensure that your child goes into the correct level swimming group. However if the child is grouped incorrectly changes may be made to suit.