Headteacher: Clare Willcocks BSc (Hons), PGCE, NPQH

Riverside Community School
210 Poole Park Road
St Budeaux
PL5 1DD
Tel: 01752 365297
email: admin@riversideprimary.net

Tuesday 13th October 2026

Dear Parents and Carers,

As part of the National Curriculum's drive to get all children swimming 25 metres by the end of Primary School, your child will receive a daily, 30-minute lesson for three weeks from qualified instructors at Plymouth Life Centre. These swimming lessons will take place from **Monday 23rd November 2026**

We will leave school PROMPTLY after the register and will return by break time. The first lesson will be an opportunity for the instructors to assess your child's ability and then group them for subsequent lessons. Their swimming lessons follow the ASA "Learn to swim Framework" and are completely FREE.

The Life Centre have stated that:

- the children change in separate cubicles
- girls must wear swimming costumes, **not bikinis**
- boys' shorts **must be above the knee**
- all shoulder length hair (or longer) must be tied up
- the only jewellery allowed are stud earrings but it's recommended that all jewellery is removed.
- no spray deodorants
- no shampoos/conditioners or shower gels

Further to this, please could you ensure that each day, your child comes to school in uniform (**without their swimming costumes/shorts underneath**) and bring:

- a named bag containing:
  - a clean, dry, named towel
  - named swimming costume/shorts
  - goggles if they require them
  - a drink of water and a small snack

Please sign and return the consent form below by **Thursday 5th November 2026.**

Many thanks,

Miss Babcock and Mrs Boyns

Year 4 Swimming Lessons at Plymouth Life Centre consent form –
to be returned by **Thursday 5th November 2026**

I, _____ give my consent for _____ to have a daily swimming lesson at Plymouth Life Centre from **Monday 23rd November 2026** for 3 weeks.

Please give any information about medical requirements so we can be prepared for any issues that may arise.

Medical conditions	Medication

Your contact number: _____

I agree to emergency medical treatment being administered, if required.

Signed: _____Parent/Carer
Date: _____

Year 4 Swimming Lessons at Plymouth Life Centre consent form –
to be returned by **Thursday 5th November 2026**

I, _____ give my consent for _____ to have a daily swimming lesson at Plymouth Life Centre from **Monday 23rd November 2026** for 3 weeks.

Please give any information about medical requirements so we can be prepared for any issues that may arise.

Medical conditions	Medication

Your contact number: _____

I agree to emergency medical treatment being administered, if required.

Signed: _____Parent/Carer
Date: _____