Burnt Tree Primary School

Hill Road, Tividale, Oldbury, West Midlands, B69 2LN
Tel: 0121 557 2967
Headteacher: Mrs J Bayliss
Email: burnttree.admin@burnttree.sandwell.sch.uk
Website: www.burnttree.sandwell.sch.uk

Thursday 3rd September 2026

Dear Parents and Carers,

As part of our PE lessons, year six will be having weekly swimming lessons. This is a highly important life-skill that all children need to learn. The swimming lessons will take place weekly, every Friday morning, at Tipton Leisure Centre. We are very fortunate to have an extended block, which will run from 11th September until 19th March.

We are requesting a contribution of £2.00 per session, towards the cost of the coach, as the school pays for the swimming lessons. This can be paid on your Arbor account at a cost of £48 for both terms or in 2 installments at the start of each term at a cost of £28 for Autumn Term and £20 for Spring Term OR If you prefer to pay cash on a weekly basis you can send £2 cash in a named envelope each week with your child to give to their class teacher.

Please ensure that each week your child brings the following:
A full swimming costume (girls)
A pair of shorts (boys)
A towel
A swimming hat (for any children with long hair).
Goggles (recommended)

This kit should be brought in a bag and all items of clothing (and towels, if possible) should have names written on them.

Please note that swimming is part of the Primary National Curriculum and is therefore not optional.

If you have any concerns or queries, please do not hesitate to speak to any of the adults who work in year six.

Yours Sincerely,

Mr Brazier and Mrs Taylor

I give permission for my child_____in Year 6 class _____
to attend weekly swimming lessons, from Friday 11th September until Friday 19th March.

I agree to pay a one off payment of £48 on Arbor for both Autumn and Spring Term [ ]

I agree to pay on Arbor at the start of each term, £28 for Autumn Term and £20 for Spring Term [ ]

I agree to pay a weekly cash contribution of £2.00 [ ]

Signed: _____ Date: _____

Sandwell Metropolitan Borough Council
Children & Families

SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

(Sept 2024)

Data Protection Act, 2018

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation.
The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25.
If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:	**Burnt Tree Primary School**
Visit to:	**Tipton Leisure Centre (Swimming)**
Date and times:	**Every Friday from 11th September until 19th March**
I consent to:	(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes ☐ No ☐

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes ☐ No ☐

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes ☐ No ☐

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes ☐ No ☐

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes ☐ No ☐

If yes please give details:

Has your son/daughter been immunised against tetanus? Yes ☐ No ☐ Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code: Tel no:

I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Ev: Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day Ev: Mob:

Address:

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/Guardian)

Print Name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.