

19th April 2023

Dear Families,

Dunsford and Dartington Swimming Gala

We have an exciting opportunity coming up for our Year 5 and Year 6 pupils across the schools this Summer... a cross school swimming gala on **Friday 09**th **June 2023**!

Recently, we have given our pupils an opportunity to voice their thoughts about the school and give ideas of the experiences they would like offered as part of a Trust. All the children talked about meeting other Trust children, making friends, visiting other schools and having some sports events held across school, so we wanted to make this a reality. We will be hosting a sports day here at Dartington and we will be travelling to Dunsford for a swimming gala.

Swimming galas used to be a Dartington tradition before lockdown. Unfortunately, whilst our local pool is being refurbished, we do not have somewhere for this to be held, so our Trust sister school, Dunsford Community Academy have offered to host this event this year and we are looking forward to returning to the tradition.

Our Year 5 and Year pupils will be travelling by coach to visit Dunsford school and spending the day making new friends and having some water fun practising their swimming skills. The coach will pick the children up at 09:20 and return at 16:15.

The Trust are investing heavily into the personal development opportunities through our '70 promises before Y7' and have fully funded this opportunity for the pupils at Dartington so there is no additional cost!

The children will need to bring:

- Swimwear
- Towel
- Goggles/ swimming aids if needed.
- Packed lunch

Please complete and return the S0E3 by Friday 12th May.

If you would like your child to have a School Packed Lunch, please order by clicking on the link below. If you normally pay for your child's lunches, please arrange payment through the MCAS App.

https://forms.office.com/e/8ja1JdD4tz









We cannot wait to let the children know that we have listened to their views and made their dreams become a reality!

Best wishes

Mrs Huish Headteacher



FORM SOE3: PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

DEAR PARENT OR GUARDIAN

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

Visit or activity – Years 5 & 6 Swimming Gala Dates and times – Friday 09th June 2023 Name of child Date of birth Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?) Has your child had any relevant recent illness?	Dartington Primary School		
Dates and times — Friday 09th June 2023 Name of child Date of birth Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?)			
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Has your child had any relevant recent illness?			
	Has your child had an	relevant recent illness?	
Does your child have any specific dietary requirements?	Does your child have	any specific dietary requirements?	
Do you have any additional comments?	Do you have any addi	tional comments?	



Swimming ability (for water based activities) **NB There will be no water based activities** Is your child able to swim 50 metres? YES / NO

Is your child water confident for the proposed activity? YES / NO

- 1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
- 2. I consent to any emergency medical treatment required by my child during the course of the visit.
- 3. I confirm that my child is in good health and I consider him/her fit to participate.
- 4. I am happy for my personal contact details to be given to the facilitator and used in an emergency outside of the School office hours.

Signature of parent or guardian	Date
Name of parent or guardian	
Address	
Telephone number	
Mobile: Work:	
Name of family doctor	
Approximate date of last tetanus injection:	