



23rd February 2026

Dear Parents,

### **YEAR 4 SWIMMING PROGRAMME SUMMER 2026**

Once again, instead of waiting until the (colder) Autumn term we are offering our Swimming Programme to the Year 4 children during the summer term for a period of 10 weeks at the Camberley Arena commencing Tuesday 14th April. The programme is a statutory programme and ensures the children have had the opportunity to learn to swim before leaving their primary school.

The sessions will run as follows:

Every Tuesday morning from  
**Tuesday 14th April to Tuesday 23<sup>rd</sup> June inclusive**

The children will need to ensure they have their swimming kit, a towel and a comb in a waterproof bag in school on the above dates. A full swimming costume must be worn by girls. **Tankinis and bikinis are not permitted to be worn.** If your child has shoulder length hair or longer a swimming cap must also be worn. Verrucae also need to be covered with a verruca sock.

The swimming lessons are provided free of charge by school and in previous years we have paid for the coach travel too. However, as you may be aware the cost of coach travel has increased dramatically; the weekly coach cost has increased by over 30%, so we would be very grateful to receive a donation of £20 per pupil (£2 per week) towards this cost if you are able. Payments can be made via our online payment system. Thank you for your support.

Please complete the permission slip attached, ensuring you also provide us with any significant medical information we may need to know, and **return to school ASAP and no later than Friday 13th March**.

Thank you and we look forward to the children enjoying this valuable and fun learning opportunity together.

Yours sincerely,

Jane Baker  
**Headteacher**

**Hawley Primary School**  
**Headteacher: Jane Baker**

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**Hampshire**  
County Council

**HAWLEY PRIMARY SCHOOL**

**YEAR 4 SWIMMING PROGRAMME SUMMER 2026**

**CHILD'S NAME** ..... **CLASS** .....

\* My child is able to swim ..... lengths or ..... metres.

\* My child is unable to swim.

**(\* Delete as appropriate – As the children will be grouped for teaching purposes, please be realistic about your child's swimming ability)**

My child has the following medical needs e.g. asthma, eczema, and any medication required etc.

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**SIGNED:** ..... **DATE:** .....