



4th September 2026

Dear Parent/Carer,

Your son/daughter has indicated that he/she wishes to attend the after-school swimming lessons on a Friday afternoon as part of our Extra Curricular Programme and I wish to make you aware of the arrangements in place for this activity.

Students will be taken by bus to William Street City Baths at 3.40pm on a Friday afternoon. One of our prefects will be on the bus to take a register but there are no other adults present on the bus. Pupils will be met by our experienced swimming coach, Mrs Mary McCallion, City of Derry Swimming Club and tutoring/support will be provided by the coach and senior pupils from the college who are accomplished swimmers.

Lessons will end at 4.45 pm whereby pupils must then make their own way home.

If you are happy for your child to be involved in this activity please sign the permission slip attached and return to me prior to your child attending. Please include details of any medical conditions of which the coaching team should be made aware.

Yours faithfully

Chris Ryan
Co-ordinator of Extra-Curricular Programme

Reply Slip

I give permission for my son/daughter _____ Class _____
to participate in the after-school swimming lessons each Friday at William Street City Baths. I am
fully aware that pupils must make their own arrangements for getting home afterwards at 4.45 pm.

Student Name: _____ Form Class: _____

Please list any medical conditions and medication (including inhaler) that your son/daughter
has or takes:

Medical Conditions (if any)

Medication (if any)

Please note that your son/daughter MUST carry all medication listed above.

Emergency Contact Name(s): _____

Emergency Contact Tel No(s): _____

Signature of Parent/Guardian: _____ Date: _____