

Fulston Manor School

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Academy Trust Registered in England: Company No. 7343725

LGA/NVF

19th July 2019

Dear Parent/Guardian

RE: SECONDARY SCHOOL SWIMMING CHAMPIONSHIPS

For many years now, Fulston Manor School has assembled a competitive swimming team to compete at the Kent Secondary Schools Swimming Championships. This year, we are again looking to put together a relay team to compete in the forthcoming competition on **Saturday, 21st September 2019 at Hartsdown Pool, Margate, Kent CT9 5QX. Swimmers would need to arrive by 12:00 noon.**

The meet is highly contested and swimmers need to be a member of a swimming club. My colleague, Mrs Osoba, will be present on the day as an official and will be co-ordinating Fulston Manor School's team selection during the school holidays. Classification is determined by school years for 2018/19:

Juniors: Years 7 and 8
Intermediate: Years 9 and 10
Seniors: Years 11, 12 and 13

The closing date to express an interest is by **Friday, 26th July 2019** so we can meet the ASA deadlines for entry and I would be very grateful if you could please return the reply slip below. To participate, swimmers need to provide the following information:

- Full name
- Date of birth
- Personal Best swimming times in the strokes they are interested in taking part in (Personal Best times are essential and these must be over 25m, as each event will have 4 participants over 25m legs).
- House
- Swimming Club and ASA number

If parents are willing to be one of the helpers on poolside on the day of the competition, please indicate on the reply slip below. There will be a £3 entry fee for spectators to sit on the balcony to watch. This will include a programme of the events.

Yours faithfully

Mr L Gardner

Head of Physical Education Department

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REPLY SLIP: (ATTN. MRS OSOBA – TO BE RETURNED BY FRIDAY, 26TH JULY 2019)

FULSTON MANOR SCHOOL

RE: SECONDARY SCHOOL SWIMMING COMPETITION

SWIMMER NAME: _____

TUTOR GROUP: _____

DATE OF BIRTH: _____

ASA NUMBER: _____

SWIMMING CLUB: _____

ASA NUMBER: _____

PB's BACKSTROKE _____ BREASTSTROKE _____ BUTTERFLY _____ FREESTYLE _____

WILLING TO SWIM OTHER STROKES ☐ YES ☐ NO

PARENT MOBILE CONTACT NUMBER: _____

PARENT WILLING TO HELP ON EVENT DAY: ☐ YES ☐ NO (IF YES, PLEASE GIVE NAME: _____)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

A High Performing Academy Trust

Headteacher A G Brookes MA (Cantab)