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Cir no: HBT ATH / AC GR/03/23-24

Date: 24.04.2023

SWIMMING CLASSES

Dear Parent,

Swimming is not just fun, it also provides lots of health benefits which can help to keep your child's heart and lungs healthy, improves strength and flexibility, increases stamina and improves balance and posture and make them healthy and happy at the same time.

We are pleased to announce that we are starting the swimming classes for our students.

For swimming lessons they require swimming costumes, therefore kindly send the swimming costumes for your ward as per the following specifications.

Boys	Girls
<ul style="list-style-type: none">• Swimming Suit <input type="checkbox"/>• Swimming Goggles <input type="checkbox"/>• Swimming Cap <input type="checkbox"/>• Big Towel• Extra inner wears	<ul style="list-style-type: none">• Islamic Swimming Suit/Full Suit <input type="checkbox"/>• Swimming Goggles <input type="checkbox"/>• Swimming Cap <input type="checkbox"/>• Big Towel• Extra inner wears

Note: 1. The Students are not permitted to enter the pool without proper swimming costume.

2. The Students should follow the rules and regulations of the swimming pool.

Kindly fill the acknowledgment slip and send to class Teachers by 27.04.2023

Regards

**Principal/-
Ms. Mariyam Nizar Ahamed**

Cir no: HBT ATH / AC GR/03/23-24

Date: 24.04.2023

Full Name of Student:

Student Date of Birth:

Does your child suffer from any medical conditions/allergies that the School Physical Education department should be aware of (including any current medication)?

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Emergency contact details:

Name: Mobile no: Relationship to
Student:

CONSENT (please read carefully)

- I agree to my son taking part in the swimming classes.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
- I confirm to the best of my knowledge that my child is not taking any medications, other than those listed above.
- In case of any emergency, we allow School Physical Education Department to provide first aid care to my child.

ACKNOWLEDGMENT SLIP

I _____, Parent of _____ of
class _____ and division _____ received the circular regarding the Swimming classes.

Signature: _____ Mobile no: _____