



مدرسة هابيتات الخاصة
HABITAT SCHOOL

P.O. Box 8885, Al Tallah, Ajman, United Arab Emirates | Tel : +971 6 731 5353, +971 6 559 3959
E-mail : info@tallah.habitatschool.org | Website : tallah.habitatschool.org

Cir no: HBT ATH /GEN/14/26-27

Date: 28/04/2026

SWIMMING CLASSES: Grades 2, 4-8

**Dear Parents,
Greetings!**

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

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

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

Boys	Girls
<ul style="list-style-type: none">• Swimming Suit• Swimming Goggles• Swimming Cap• Big Towel• Extra inner wears	<ul style="list-style-type: none">• Islamic Swimming Suit/Full Suit• Swimming Goggles• Swimming Cap• 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 in the acknowledgment slip and return to class Teachers by 30/04/2026

Regards

**Principal
Ms. Mariyam Nizar Ahamed**



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Full Name of Student:

Student's 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 with the Student:

CONSENT (please read carefully)

- I agree to my child 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: _____