



Christchurch Primary School

(Church in Wales Voluntary Aided)



Headteacher: Mrs Helen-Marie Davies, B.Ed., M.Ed.

26/5/2023

Dear Parent/Guardian,

The time has come for us to bid farewell to our wonderful Headteacher, Mrs Helen-Marie Davies. After 25 years of serving the school and community, we wish her every success for her future as a HMI ESTYN Inspector, we know she will continue to guide and inspire many more children in her career and she will always have a warm welcome at Christchurch Primary. We have hearts full of gratitude and joy for Mrs. Davies and we thank her for the time she has spent in Christchurch, for the impact she has made on the lives of those around her and her service to us all.

In changing times, I want to reassure you that as Acting Headteacher, I will continue to lead this school and to champion its learners and staff. I aim to continue the good work that we are so proud of and support staff, pupils, parents and governors to work together to be the best that we can be. My door will always be open, please let me know if I can help you in any way.

We look forward to welcoming Mrs Anne-Marie Adkins who is starting as our new Headteacher of Christchurch Primary School in September.

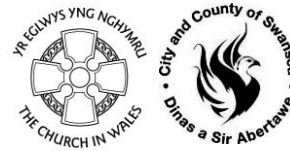
I know you will join me in thanking Mrs Davies for her service and in wishing her the very best for her future career. God bless you Mrs Davies.

Diolch yn fawr,

Mrs Laura Williams
Acting Headteacher



Address: Rodney Street, Sandfields, Swansea, SA1 3UA
Email: christchurchprimaryschool@christchurch.swansea.sch.uk
Website: www.christchurchpri.co.uk
☎ 01792 510900





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Eco-Schools
Award 2011



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Consent Form	
Activity/Visit	<i>Swimming</i>
Venue	<i>Wales National Pool</i>
Date	
Name of Pupil	
Emergency contact 1	
Name	
Address	
Phone Number	
Emergency contact 2	
Name	
Address	
Phone Number	
Family Doctor	
Name	
Address	
Phone Number	
Medical Information	
Does your child suffer from any medical conditions requiring medical treatment, including medication?	Yes/No (If so, please give brief details)
Please outline any dietary requirements of your child	
I agree to my child taking part in this visit and have read the information. I agree to his/her participation in any or all the activities described. I acknowledge the need for responsible behaviour on his/her part. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.	
SIGNED:	
DATE:	



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