

24th May 2019

RE: SWIMMING 2019

Monday 5th August to Friday 16th August AND

Monday 19th August to Friday 30th August

Dear Parents/Carers,

Swimming lessons are in Term 3 for all students from Pre-Primary – Year 6. There will be two rounds with the first in Week 3 and 4 and the second in Weeks 5 and 6. This year we are attending Butler State Swim and we have secured buses with seat belts.

The cost of swimming lessons this year will be **\$65 per student**.

As we need to confirm numbers with the swimming pool and so that we can finalise which classes are attending which fortnight, it is necessary for payment to be made by Friday 28th June.

Please return the attached enrolment and payment option forms to the drop box in Administration.

If you have any questions, queries or concerns please do not hesitate to contact me.

Kind Regards



Rebecca Nolan

Associate Principal

Principal: Mrs Elizabeth Wildish

Payment Options

_____ (Student) _____ (Class)

Please tick the appropriate box

I have made payment direct to school account using reference of Student surname and initial
- Class Swim (ie; Smith,J – PP swim)
Westpac BSB: 036-231 Acct: 263056

Administration Area for Eftpos facility.

My child has credit on their account please deduct \$65

Please find enclosed \$ _____ Cash

To be placed in Drop Box in Administration

Credit Card Payment VISA / M'card / B'card (please circle)
Please provide card number

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Exp: _____ CCV #: _____ Signature: _____

Please contact Mrs Cockman in Administration if you need to discuss payment options

No verbal permissions or late payments will be accepted after 28th June 2019.



Government of Western Australia
Department of Education

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School _____
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at _____

Commencing on ____ / ____ / ____ Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect his/her safety, or require the school to provide learning adjustment? NO YES Please provide further information below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

**Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.*

***If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

Unsure please grade

My child has attempted this 'going for' stage three times in Department of Education classes without passing
Please attach copies of last three (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____

(Parent/Guardian)