

# Dwellingup Primary School

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16<sup>th</sup> October 2020

Dear Parents/Caregivers

## INTERM SWIMMING LESSONS INFORMATION / BUS PERMISSION FORM / COST

Swimming lessons will be held at **Waroona Recreation Centre** from **Monday 16<sup>th</sup> November to Friday 20<sup>th</sup> Nov 2020**. All students from Pre Primary to Year 6 are encouraged to attend.

**The cost of the bus and pool entry is \$50.00 per child.**


Students will need their bathers, a towel, a drink bottle, a **packed lunch and a snack for recess**. Students who are prone to asthma attacks will need their inhalers.

Students should wear their bathers to school and bring a plastic bag for wet clothes. It is really helpful if all clothing and other items taken are named.

The **bus will leave school at 8.50am sharp** and return by approximately **1.30pm**. Please complete the following steps:

DUE DATES	REQUIREMENTS
Wed 28 <sup>th</sup> Oct	Complete the attached "Interm Swimming Enrolment Form" detailing any medical conditions and your child's swimming stage. <b>The swimming co-ordinator needs to collect these forms and group students.</b>
Wed 11 <sup>th</sup> Nov	Complete the section below the dotted line on this page giving permission for your child to travel by bus to Waroona and return.
Wed 11 <sup>th</sup> Nov	Payment of <b>\$50.00</b> due for <b>cost of the bus</b> and admission to the <b>Waroona Aquatic and Recreation Centre</b> due.

Yours sincerely,

  
Colleen Sing  
Principal

## INTERM SWIMMING LESSONS

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
*Please print name of parent/guardian* *Please print name*  
to travel by bus to Waroona and return for the purpose of participating in swimming lessons on Monday, 16<sup>th</sup> November through to Friday, 20<sup>th</sup> Nov 2020. **Payment of \$50 per child is enclosed.**

\_\_\_\_\_  
*Signature of parent/guardian*



**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 the Department of Education's Interm swimming classes at \_\_\_\_\_  
commencing on \_\_\_\_/\_\_\_\_/\_\_\_\_ and enclose payment of \$ \_\_\_\_\_.

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 if necessary) \*\*

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

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

Please list and provide details of medication currently being taken if applicable:

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.

<b>Stage No:</b>	7	Intermediate
1 Beginner	8	Water/Surf Wise
2 Water/Surf Discovery	9	Senior
3 Preliminary	10	Jnr Swim & Survive
4 Water/Surf Introduction	11	Swim & Survive
5 Water/Surf Safe	12	Snr Swim & Survive
6 Junior	12+	Adv Swim & Survive

**My child is going for Stage No:**

**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 certificates.**

Signature \_\_\_\_\_ Parent Daytime Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian)*