



**PARENT INFORMATION FORM
FOR SCHOOL EXCURSION –
IN-TERM SWIMMING LESSONS
SERIES ONE**

Dear Parent/Guardian

I am pleased to provide you with the following details regarding In-Term Swimming Lessons from Monday 29 August to Friday 9 September 2016. Swimming lessons will take place at State Swim Secret Harbour. The address is Clarkhill Rd, Secret Harbour.

This excursion has been planned to provide an opportunity for students to participate in swimming lessons from fully qualified swimming instructors. Swimming lessons form an important part of the curriculum in all public schools.

There will be a cost of \$50.00 for this excursion. This is for the bus fare to and from the venue, as well as pool entry across 10 days. This equates to \$5.00 per day for the 10 lessons.

Travel will be by bus (Bus Right Charters).

Students attending the excursion: All students from Preprimary to Year 6 will participate.

Session 1	11.45am – 12.25pm	Preprimary Room 1.3 and Year 4 Room 2.2.
Session 2	12.30pm – 1.10pm	Preprimary Room 1.1 and Year 4/5 Room 2.1.
Session 3	1.15pm – 2.25pm	Year 1 Room I.E. and Year 3 Room 3.3.

Members of the supervisory team are: Classroom teachers and Education Assistants.

Special clothing or other items required: Students will need to be in full school uniform each day. Students will change into their swimming gear prior to departure for the venue. Bathers and a towel will be needed. Children may wear goggles.

Contact arrangements during the excursion: Please contact the school on 9583 8800.

Please note: Parents who wish to come along to watch their child will need to do so in the viewing room as there is limited space on the pool deck.

Please return the attached Consent Form and Enrolment Form by Wednesday 24 August. It is important that the enrolment form indicating your child's swimming stage is returned by the due date so that groups can be arranged.

Thank you.

Teacher in Charge

Principal

Date



**PARENT CONSENT FORM
FOR SCHOOL EXCURSION –
IN-TERM SWIMMING LESSONS
SERIES ONE**

To be returned to school by Wednesday 24 August

If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis, there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline all current health risks below:

Contact Information		
☎ Home:	☎ Work:	☎ Mobile:
Other:		

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Please find enclosed \$ _____ being payment for swimming lessons for my child/ren _____

OR

Please debit my VISA MASTERCARD _____ Expiry ____/____ CCV _____

For the amount of \$ _____ being payment for swimming lessons for my child/ren _____

Parent / guardian

Date



Government of Western Australia
Department of Education

SERIES ONE

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: GOLDEN BAY P.S.

(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at STATE SWIM SECRET HARBOR commencing on 29 / 08 / 2016 and enclose payment of \$ 50.00

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.

Stage No:	7	Intermediate
1	Beginner	
2	Water/Surf Discovery	Water/Surf Wise
3	Preliminary	Senior
4	Water/Surf Introduction	Jnr Swim & Survive
5	Water/Surf Safe	Swim & Survive
6	Junior	Snr Swim & Survive
		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 Department of Education certificates.**

Signature _____ (Parent/Guardian) Parent Daytime Contact Phone Number: _____ Date: _____