



**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 28 August to Friday 8 September 2017. 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.

**SERIES ONE**

Session 1	12.00m – 12.40pm	Preprimary Room 1.2, Year 1 Room 4.2 and Year 2/3 Room I.E.
Session 2	12.50pm – 1.30pm	Year 2/3 Room 3.1, Year 2/3 Room 3.2 and Year 4 Room 2.1.
Session 3	1.40pm – 2.20pm	Year 4 Room 2.2. and Year 5/6 Room 2.4.

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. Bathing and a towel will be needed. Children may wear goggles. A plastic bag is needed for wet bathers/towel after the lesson.

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 16 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 16 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:

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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 \_\_\_\_\_  
Year \_\_\_\_\_ Class \_\_\_\_\_

OR

Please debit my VISA  MASTERCARD  \_\_\_\_\_

Expiry \_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ being payment for swimming lessons for my child \_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
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 HARBOUR, commencing on 28 / 08 / 17 and enclose 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 if necessary) \*\*

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

**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 Department of Education certificates.**

Signature: \_\_\_\_\_ (Parent/Guardian) Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_