



11 February 2019

PARENT INFORMATION AND CONSENT FORM

In-term Swimming Lessons for Year 5 and 6 Students

Dear Parent/Guardian

In-term swimming lessons commence at Mullaloo Beach for students in years 5 and 6 on Tuesday 5 March and conclude on Friday 15 March. All students are expected to attend.

Session	Leave School	Lesson time	Classes attending
1	12.30 pm	12.50pm	Rooms 1 and 2
2	1.20 pm	1.40pm	Rooms 3 and 6

The cost for students is **\$30.00** and covers the bus fare provided by Buswest. The bus is equipped with seatbelts. The swimming lessons are provided *free of charge* by the Department of Education.

Our preferred method of payment is direct deposit made to:

Duncraig Primary School
BSB 016 495
Account number 340948316
Notation: (Student Name) Swimming

Supervision of students will be provided by Duncraig Primary School and In-term swimming school instructors.

For the duration of the In-term swimming program, students are required to attend school with bathers/boardies, a rash vest or t-shirt under their school clothes and with sunscreen applied to exposed areas.

Students will need to bring a towel, goggles (if required), thongs and underclothing to change into on their return to school. Thongs may be worn to and from the beach but children need to wear normal school shoes while at school. Please ensure all property is clearly marked with your child's name.

Parents are requested to return the permission slip, the In-term Swimming enrolment form and payment receipt details no later than Tuesday 26 February 2019. Should you require a payment plan please speak to administration.

Yours sincerely

Tabitha Stewart
Deputy Principal



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 \$ _____. (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)**

*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.

Stage No	8	Water/SurfWise
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 Stage14
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 Department of Education certificates.**

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

PARENT CONSENT FORM
In-term Swimming Lessons for Year 5 and 6 Students

Please return to classroom teacher by Tuesday 26 February.

I have read and understood the attached information and I consent to _____
from Room _____ participating in In-term Swimming Lessons from 5 March to 15 March 2019.

I have paid \$30 by direct deposit Receipt number _____ Date paid _____

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.

Emergency Contact Name: _____ Phone Number: _____

Signed: _____ Date: _____

Office use only

Payment received in office : Date _____ Signed _____