



CURRAMBINE PRIMARY SCHOOL

TOGETHER TOWARDS TOMORROW

12th February 2020

Dear Parents/Guardians,

Interm Swimming for students in Year Five and Year Six will take place this term, during Weeks Five and Six, **Tuesday 3rd March – Friday 13th March 2020**. Monday 2nd of March is a public holiday and students do not attend school.


Swimming lessons are funded by the Government. Our students will be catching a bus to and from the beach with BusWest; the cost for the bus will be **\$19 per student**.

Each child is required to wear their bathers to school under their school uniform and they can wear thongs on their feet. They will need to bring a towel, underwear to change into after the lessons and school shoes to wear when they get back to school. Shoes will be left at school in their school bag. Items need to be named and placed in a bag to take with them to swimming.

As swimming is part of the school's physical education program, all children are expected to attend. Please contact me if there are any concerns.

Attached to this note is an Interm Swimming Enrolment form. Please complete this form and return it with your payment to the office by Wednesday 26th February.

Kind regards,


Paula Harmer-Watkins
Associate Principal

CONSENT FORM – Interm Swimming Lessons – Mullaloo Beach
Tuesday 3rd March – Friday 13th March 2020.

Contact Information:

📞 Home:	📞 Work:	📞 Mobile:
Other:		
I have read and understood the information regarding In-term swimming lessons at Mullaloo Beach from Tuesday 3rd March – Friday 13th March 2020 and give consent for my child _____ year level _____ to travel to and from Mullaloo Beach on BusWest.		
I enclose payment of \$19.00 <input type="checkbox"/>		
The following medical information has altered from current school records:		
Signature of parent/guardian: _____ Date: _____		



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