



Attadale  
Primary School

Foundations for life

## **IN-TERM SWIMMING LESSONS PP – YEAR 5**

Dear Parents

Attadale Primary has been allocated **Weeks 7 and 8 of Term 4** for our in-term swimming lessons for **Pre-Primary to Year 5 students**. Lessons will be held at Fremantle Leisure Centre commencing on Monday 19 November 2018 and running for 2 weeks until Friday 30<sup>th</sup> November 2018. The cost will be \$40.00 per student which covers bus fare and pool entry.

The attached enrolment form needs to be completed and returned to the school no later than Wednesday 31 October so groups can be formed prior to the first session. Please ensure your child arrives at school prepared for the lessons with the correct dress and equipment as it is not possible to chase up parents on the first day of lessons.

GROUP	CLASSES	LEAVE	LESSON	FINISH	DEPART
1	PP2, Yr 1 Room 4, Yr 2 Room 6, Yr 4 Room 12	11.30am	12pm	12.30pm	12.45pm
2	Yr 3 Room 10, Yr 4/5 Room 11, Yr 5 Room 15	12.20pm	12.50pm	1.20pm	1.35pm
3	PP1, Yr 1 Room 5, Yr 2 Room 7, Yr 3 Room 9	1.10pm	1.40pm	2.10pm	2.25pm

**Please note:** Group 3 are likely to return to school 20 minutes after the siren on Wednesdays due to early close. Parents of those children, please bear this in mind.

**Please return the completed enrolment form, permission slip and payment to the school by Wednesday 31 October 2018.**

Any queries please don't hesitate to contact me.

**Asiri Perera**

**Deputy Principal**

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### **In-Term Swimming PP- Year 5**

I consent to \_\_\_\_\_ Room # \_\_\_\_\_ participating in In-term Swimming lessons at a cost of \$40.00.

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.

Signed.....(Parent/guardian)

Date.....



**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.

<b>Stage No</b>	<b>8</b>	Water/Surf Wise
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 Stage 14
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)

**Attadale Primary School - Money Collection Envelope**

Attadale Primary School  
BSB 066 163  
ACC 0090 3316

Student name: \_\_\_\_\_ Room #: \_\_\_\_\_

Name of excursion/incursion: \_\_\_\_\_ (Permission slip enclosed)

Payment method: Cash  Cheque  Credit card  Bank transfer  Upfront Payment

Cash/Cheque Amount: \$ \_\_\_\_\_

Type of Card: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit Card No: _____/_____/_____/_____
Expiry Date: _____/_____(MM/YY)

Bank Transfer:
Amount \$: _____
(Please use Student Name as Ref #)
Transfer receipt #: _____