Dear Parents/Caregivers,

Arrangements have been made to include a ‘Learn to Swim program’ in our school curriculum.

The Department of Education and Training School Swimming Scheme is an intensive Learn to Swim program, which develops water confidence and provides students with basic skills in water safety and survival. The scheme is conducted over ten days. Each daily lesson is 40 minutes.

The scheme focuses on all students in Years 2-6. Students will learn water safety and survival skills. Students with basic swimming skills will be offered extension programs on stroke techniques/development.

Students will be assessed on the first day of the program and placed into appropriate skill level groups. Students will again be assessed during the School Swimming Scheme for all water safety skills without wearing goggles.

We have been offered three sessions this year. The three sessions will be split into Year 2, Years 3-4 and Years 5-6. We only have 60 places for each session and they will be allocated on receipt of payment. Please complete and sign the form below and return it to the office as soon as possible to ensure your child does not miss out.

Where: Toukley Pool
When: 7th November- 18th November (10 day program)
Cost: $50.00
Transport: Bus

Students should wear a swimming costume under their school uniform, and bring a towel and underwear to get changed back into for the return to school. Students are also encouraged to bring their own goggles.

Asthma and Medical Information
- Any medication please label and include instructions and hand to Miss Howick
- Complete the medical information on permission slip
- All teachers have Emergency Care and CPR training

Due Dates
- Permission note to be returned by 28th October, 2011.

Ms Howick
(Swim School Coordinator)

Ms Mortmore
(Principal. Rel)
Warnervale Public School: School Swimming School

I give permission for my child _______________ of class _____ to travel by bus to attend the School Swim Scheme at Toukley Pool on Monday 7th November to Friday 18th November 2011. I understand that the bus will be departing Warnervale Public School at 11.30am (session 1) 12.30pm (session 2) and 1.10pm (session 3).

My child has the following medical and asthmatic needs (please provide full details and include any relevant medical details)

____________________________________________________________________________________

____________________________________________________________________________________

Parent/Caregiver name: ____________________ Signature: ___________________ Date:___________

Payment for School Swimming Scheme  Child's name: ___________ Class_________

☐ I have enclosed $ _______ as payment for the program
☐ My child will not be attending
☐ EFTPOS             ☐ Credit card

Credit Card Number

Expiry Date

Security Number (last 3 digits on the back of the card)

Name (of card holder) ________________________________  Date _____________

Signature (of card holder) ______________________________  Date _____________

(Printed)