Dear Parents/Caregivers,

Arrangements have been made to include a ‘learn to swim program’ in our school curriculum.

The Department of Education and Communities 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

Who: Years 2-6

Time: Session 1- 11:15-12:00
   Session 2- 12:00-12:45
   Session 3- 1:00-1:45

Transport: Bus

Cost: $55.00

Students should wear a swimming costume under their school uniform, and bring a towel and underwear to get changed back into for their 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 Ms Howick
- Complete the medical information on permission slip
- All teachers have Emergency Care and CPR training

Due Dates

- Permission note to be returned by Friday 19th October, 2012.

Renee Howick
(Swim School Coordinator)

Sarah Mortimore
(Rel. Principal)

Date note issued: Thursday 20th September 2012
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 5th November to Friday 16th November 2012. I understand that the bus will be departing Warnervale Public School at 10:30am (session 1) 11:20am (session 2) and 12:20pm (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:___________

Water or swimming activities- advice

The excursion will involve the following water or swimming activities: **floating on tubes, water relays, and swimming**

These activities will take place at: **Toukley Indoor Pool**.

The school will provide the following flotation devices to students who may require assistance in the water: **Noodles**

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)

- [ ] strong swimmer
- [ ] average swimmer
- [ ] poor swimmer
- [ ] non-swimmer

I advise that my child requires the following flotation device to assist him / her in the water: .....................

I undertake to provide this device so that my child can participate in the excursion:  [ ] Yes  [ ] No

I [ ] give  [ ] do not give permission for my child to participate in the water and swimming activities.

Parent/Caregiver name: ________________ Signature: ________________ Date:___________

(print)

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) _____________________________

Signature (of card holder) _____________________________ Date ___________________