

Pre-Primary to Year 6 In-Term Swimming Wanneroo Aquamotion

Dear Parents/Guardians,

In-term swimming lessons commence at Aquamotion in Week 1 of Term 2 on Wednesday 26th April and will run until Friday 5th May. This year is an 8 day series. Our students will be travelling by bus (with seatbelts) to and from the swimming venue.

The cost per student for 8 lessons will be \$45.00. This is comprised of \$24.00 pool entry (\$3.00 per day per student) and a cost of \$21.00 bus travel for the 8 days per student. **The actual swimming lessons are FREE.** Swimming is part of the curriculum so students are expected to participate and will require a medical certificate if they can't attend the lessons.

Please complete the In-term Swimming Enrolment Forms below and return to the **class teacher** by **Monday Week 10 Term 1 (Monday 3rd April)**. Money **needs** to accompany the permission slip. If you are having difficulty paying by this date please contact Miss Danielle Stitfold (Deputy Principal) at the school on 9302 3611.

Kind regards

Shannon Kekula
PE Teacher
16th March 2017

WE HAVE TO SUBMIT OUR SWIMMING NUMBERS 1 WEEK IN ADVANCE SO ENROLMENT FORMS & MONEY MAY NOT BE ACCEPTED AFTER 10AM MONDAY 3rd APRIL, UNLESS OTHERWISE ARRANGED WITH MISS STITFOLD.



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 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		
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 Department of Education certificates.

☐

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