Dear parents

The children in Years 1 – 4 will be participating in swimming classes at the Claremont Swimming Pool. Lessons are being held from Monday 10 October – Friday 21 October.

There will be five groups attending 40 minute swimming lessons:
Lesson 1 : 9:10 - 9:50
Lesson 2 : 9:55 - 10:35
Lesson 3 : 10:40 - 11:20
Lesson 4 : 11:40 - 12:20
Lesson 5 : 12:25 - 13:05

While the cost of the swimming lessons is covered by the Education Department students attending swimming lessons will be charged to cover the cost of the bus and pool entrance fees. This cost will be added to your Term 4 account.

Please CHECK every day, that your child/children have the following items in a clearly labelled plastic bag:
- bathers (some children wear these under their school uniform), underwear, a towel, goggles and sun cream.
Your child may bring thongs/ sandals to wear to and from the pool.

Please complete the attached forms and return to your child’s teacher by Wednesday 21 September.

Warm Regards

Mari Dart  
Associate Principal

Simon Reid  
Principal

Please complete both this permission slip and the attached In-term Swimming Enrolment Form for your child to attend In-term Swimming Lessons that are offered free by the Department of Education and Training in Term 4.

Bus / medical

I give consent for ................................................ to travel by bus to and from the Claremont Swimming Pool for ten swimming lessons commencing Monday 10 October and concluding on Friday 21 October. Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that the Department of Education insurance does not cover personal accidents through misadventure, nor loss or damage of personal belongings.

Signed ........................................................ Date ...................................................

(parent/guardian)
TO BE COMPLETED BY PARENT:

I give my child ___________________________ Age: ___________ School: ___________________________

Room Number: ___________________________ permission to attend the Department of Education’s Intern Swimming classes at ___________________________

commencing on ______/_____/____ and enclose payment of $ ___________.

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) **

*NB: Swimming staff can not take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.
** NB: 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.

<table>
<thead>
<tr>
<th>Stage No:</th>
<th>7</th>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Beginner</td>
<td>8</td>
<td>Water/Surf Wise</td>
</tr>
<tr>
<td>2 Water/Surf Discovery</td>
<td>9</td>
<td>Senior</td>
</tr>
<tr>
<td>3 Preliminary</td>
<td>10</td>
<td>Jnr Swim &amp; Survive</td>
</tr>
<tr>
<td>4 Water/Surf Introduction</td>
<td>11</td>
<td>Swim &amp; Survive</td>
</tr>
<tr>
<td>5 Water/Surf Safe</td>
<td>12</td>
<td>Snr Swim &amp; Survive</td>
</tr>
<tr>
<td>6 Junior</td>
<td>12+</td>
<td>Adv Swim &amp; Survive</td>
</tr>
</tbody>
</table>

My child is going for Stage No: 

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 Contact Phone Number: ________________ Date: ________________

(Parent/Guardian)