

4/09/2018

TO: PARENTS OF CHILDREN IN YEARS PP – Yr 6

Re: In-term Swimming Classes

Monday 22 October to Friday 2 November 2018

These lessons are an important part of the Physical Education program.

The swimming lessons will be held at Riverton Leisureplex, Cnr Riley and High Road, Riverton

Cost of the 10 lessons will be \$50 per child (Including bus and pool entry)

Please return the Enrolment Form by Friday, 12th October, this is important – the swimming instructors need to arrange staff and groups.

Return payment no later than Friday 19th October 2018.

Spectators are most welcome but an entry fee will apply. You may NOT take photos at the swimming pool. Only authorised teachers will be allowed to take photos.

Children may wear their bathers under their school uniform on swimming lesson days, or bring bathers and towel in a plastic bag. All clothing must be clearly labelled. One piece bathers are preferred.

Group	Rooms	Year levels	Depart School	Lesson Start	Depart Centre
1	5 and 1	Yr 1 and 5/6	8:50	9:05	9:50
2	Rms 6,11 and 10	2,4,5	9:30	9:55	10:50
3	Rms ECE2, 9, 12	PP and 3	10:25	10:55	11:50
4	Rms 3, 7, ECE1	PP, 1, 2, 5, 6	11:10	11:45	12:30

Clive Emby

Principal

PP - Yr 6 SWIMMING 2018 PAYMENT FORM: (Return to office with payment by 19th October)

STUDENT NAME: _____

ROOM NO: _____

I have paid the excursion levy.

Cash

PAYMENT: Cheque (make payable to Leeming Primary School Swimming)

Credit Card (card number below) Visa M/Card

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Name as appears on credit card: _____

Expiry Date: _____ Signature: _____

Direct deposit/Internet banking is available: BSB: 066163 A/C #: 00900553

A/C name: Leeming Primary School

Reference: Please use Student's full name.

INTERM SWIMMING ENROLMENT FORM 2018
LEEMING PRIMARY SCHOOL
Monday 22 October – Friday 2 November

TO BE COMPLETED BY PARENT:

I give my child permission to attend Interm swimming
(Full Name PRINT IN BLOCK LETTERS)
classes at Riverton Leisureplex Centre commencing on **22nd October 2018** .

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition that may affect his/her safety? No Yes

Unless such conditions are listed and the form returned, Swimming Staff can not take responsibility for medical conditions of which they are unaware.

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 teachers to consent to my child receiving such medical treatment as may be considered necessary.

Child's Name: Age: Room Number:

Parent Contact Phone No: (Day Time)

School: Leeming Primary School

Stage No:	8	Water/Surf Wise
1	Beginner	9 Senior
2	Water/Surf Discovery	10 Jnr Swim & Survive
3	Preliminary	11 Swim & Survive
4	Water/Surf Introduction	12 Snr Swim & Survive
5	Water/Surf Safe	13 Wade Rescue / Surf Stage
6	Junior	14 Accompanied Rescue/Surf Stage 14
7	Intermediate	15 Bronze Star (pool only)

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 the last three Department of Education certificates

Signature:
(Parent/Guardian)

Date: