SCHOOL SWIMMING and WATER SAFETY PROGRAM

Message to 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 and Water Safety Program is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The Program is conducted over ten days. Each daily lesson is 30 minutes.

The Program focuses on swimmers in Year 1 to 3 as well as older students that have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently in deep water.

Instruction will take place at South and West memorial Swimming Pool.

The Program will continue daily for two weeks from Monday, 11th November to Friday, 23rd November. There will be no charge for instruction. (Charge for pool entry and bus)

The total cost for the 10 day scheme is $50. ($26 if you have a season pass)

Each child should bring a swimming costume, a towel, a swimming shirt, sunscreen, a hat and warm clothing on a cool day. The children must wear a T-shirt or rash shirt.

The children will not be purchasing from the canteen. The children may wear thongs to and from the pool.

Please complete and sign the form below and return it to your child's class teacher.

Principal: ____________________________ Date: ____________________________

Return this section to the school by: Wednesday, 30th October, 2023

SCHOOL SWIMMING AND WATER SAFETY PROGRAM CONSENT FORM

I hereby consent to the attendance of my son/daughter ______________________________ at the School Swimming and Water Safety Program classes to be held at South and West Memorial Swimming Pool from 11th November, 2013 to 23rd November, 2013.

Travel will be by bus. Total cost for 10 day program is $50. ($26 if you have a season pass)

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg. allergies, sensory impairment, etc):

__________________________________________________________

Signed: ____________________________ Date: ____________________________