



# SWIMMING LESSONS Term 1 Week 7 & 8

Rm's 1, 2, 3, 4, 5, 6, 10, 11, 12, 20, 23, 24 and ESC

Dear Parents

Your child's class will be participating in swimming lessons every day during Week 7 and 8 of Term 1 commencing Monday 18th March. As these lessons are part of your child's Physical Education program, DET provides the swimming lessons FREE of charge. However, there is a cost for the bus transport and pool entry. The cost for the children to attend this series of swimming lessons is \$45.

Please complete the consent section and the tear-off slip. These forms, along with cash, cheque or EFTPOS slip needs to be returned to your child's teacher by **Wednesday 13th March 2019**. Alternatively you can pay using the QKR APP. by Wednesday 13th March 2019.

### Parent Consent Section:

Child's Name: \_\_\_\_\_ Room No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

I give permission for my child to travel to and from Leda Primary School and Kwinana Recquatic Centre by bus each day from Monday 18th March - Friday 29th March to participate in In-Term swimming lessons. The cost of \$45.00 for bus and pool entry is enclosed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Government of Western Australia  
Department of Education

### Interm Swimming ENROLMENT FORM

#### TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ (Full Name PRINT BLOCK LETTERS) Age: \_\_\_\_\_ School: \_\_\_\_\_

Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm 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 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.

Stage No:	7	Intermediate	
1	Beginner	8	Water/Surf Wise
2	Water/Surf Discovery	9	Senior
3	Preliminary	10	Jnr Swim & Survive
4	Water/Surf Introduction	11	Swim & Survive
5	Water/Surf Safe	12	Snr Swim & Survive
6	Junior	12+	Adv Swim & Survive

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)