

SWIMMING LESSONS Term 4 Week 1 & 2

PP - Year 6



Dear Parents

All Pre Primary - Year 6 students will be participating in swimming lessons during Week 1 and 2 of Term 4 commencing Wednesday 13th October 2021 to Friday 22nd October 2021. 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 these lessons is \$32.

As this permission form is not available on the QKR app., please complete the details below and return to your child's teacher and make payment via the QKR app. by Friday 24th September 2021.

Parent Consent Section:

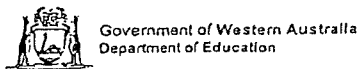
Child's Name: _____ Room No. _____

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 Wednesday 13th October–Friday 22nd October 2021 to participate in In-Term swimming lessons.

Signature of Parent/Guardian: _____ Date: _____



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 \$ _____.

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect their 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)