



White Gum Valley Primary School

29 Hope Street
White Gum Valley WA 6162
☎ 08 9435 6900

🌐 <http://www.whitegumvalleyps.wa.edu.au>

Friday 9th June 2023

IN-TERM SWIMMING Years 3 (from Room 8), 4, 5 and 6 Wednesday 19th July – Friday 28th July

Dear Parents/Caregivers,

White Gum Valley Year 3 (from Room 7), 4, 5 and 6 students will have the opportunity to participate in swimming lessons at Fremantle Leisure Centre during Weeks 1 and 2 of Term 3.

The cost for 8 days of pool entry and bus is \$55

Lesson Times	Room Numbers	Bus Times (approx...)
Lesson 1: 9.20-10.05am	Room 7 and 8 (Year 3 and 4)	9.10am
Lesson 2: 10.05-10.50am	Room 1, 2 and 3 (Year 5)	9.50am
Lesson 3: 10.50-11.25am	Room 1, 2 and 3) (Year 6)	10.30am

Swimming is part of the students' Physical Education Program and we strongly encourage all students to participate.

If you wish to pay the combined bus and pool entry cost over a number of instalments, please contact Mrs Kapiteyn, our Manager Corporate Services, to discuss payment options.

Requirements for each lesson and general requests:

- Towel
- Goggles (optional but recommended)
- Labelled plastic bag for wet clothes
- Bathers
- Rashie - if required
- Tie long hair back
- Take off jewellery for safe keeping
- Slip on shoes or thongs (labelled)

ATTENTION

Please label all of your child's clothing and check 'Lost Property' regularly for lost items.

Please complete and return the attached **In-Term Swimming Enrolment Form** and **School Consent Form** and return to the classroom teacher. Please pay **\$55** directly in to our Bank account: **BSB: 066 107 | Account Number: 0090 1498 | REF: Students SURNAME & SWIM**. Alternatively, please send the **\$55.00** in cash to your child's teacher. **All fees are due by Monday 26th June 2023.**

Regards,

Ellie Walker
Year 5/6 Teacher



INTERM SWIMMING ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School White Gum Valley Primary School
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at _____

Commencing on ____ / ____ / ____ Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for transport and pool entry)

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 below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons. (e.g previous incidents in water related activities) **IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL**

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

***If necessary, please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

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 Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

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 (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

.....x.....x.....



White Gum Valley Primary School
PERMISSION SLIP – IN-TERM SWIMMING
Wednesday 19th July – Friday 28th July

I have read and understood the information regarding this Excursion and I understand my child will be travelling by private bus.

I give my child _____ permission to attend Swimming lessons at *Fremantle Leisure Centre* from **Wednesday 19th July – Friday 29th July**

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving medical assessment and treatment as may be considered necessary. I am aware that the Education Department insurance does not cover personal accidents through misadventure, loss or damage of personal belongings.

Please tick if you have paid via EFT _____

Parent Name: _____ Parent Signature: _____

Contact Ph. No: _____ Date: _____

The following details have changed from those currently recorded on my child's Medical Form:

Medication (if required): _____