

The end of Year 6 has finally arrived for your child. In order to celebrate this achievement we have organised a Y6 party to be held on <u>WEDNESDAY 9<sup>th</sup> December.</u>

This year we will be travelling by bus to Peninsular Leisure Centre, Woy Woy.

<u>The cost is \$18</u> for students and includes travel to and from the pool, water safety assessment, and supervised pool activities including water slides.

Please ensure your child arrives at school on time as the bus will leave at 9:05am.

Students will be required to bring:

- Swimming costume, goggles & towel
- Sunscreen and hat
- Suitable clothing to avoid sunburn, and footwear that will allow safe participation in activities on grassed areas
- Morning tea, drink, lunch and one item of party food

In accordance with Department of Education guidelines in regard to all school swimming activities, each student will be tested at the beginning of the day to determine their:

- Swimming ability
- Safety in the water
- Basic lifesaving skills

This test will be performed at the Peninsula Leisure Centre by trained personnel. The students will receive a certificate indicating their results which will be valid for 6 months. After the assessment, students will commence their planned activities. Students will return to school and be dismissed at the normal time.

If you would like your child to participate in this day please return payment by <u>Monday 7<sup>th</sup> December</u> to your child's teacher ensuring that the attached permission note is completed and signed.

Thank you

Stage 3 Teachers



TELEPHONE (02) 4369 1246 FAX (02) 4363 1068 EMAIL: brisbania-p.school@det.nsw.edu.au SCHOOL WEB PAGE: http://www.brisbania-p.schools.nsw.edu.au PRINCIPAL: ANNETTE PARREY

## Y6 Big Day out – Peninsula Leisure Centre - Pool Permission Slip

<u>I do / do not</u> consent to my child .....in class.....participating in an excursion to Peninsula Leisure Centre on Wednesday 9<sup>th</sup> December 2015. I understand that travel will be by bus. This excursion has the approval of the school principal.

My son / daughter has the following special needs (please provide full details and include any relevant medical details)

.....

.....

Emergency contact Numbers: .....

## <u>I give / do not</u> give permission for my child to receive medical treatment in case of emergency.

Parent/Caregiver Nam	 ne	Parent/caregiver signature	Dated
Water or swimming activities - response			
In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)			
swimmer	average swimmer	poor swimmer	☐ non- swimmer
I advise that my child requires the following flotation device to assist him/her in the water:			
I undertake to provide this device so that my child can participate in the excursion. Yes / No			
I give / do not give permission for my child to participate in the water or swimming activities.			

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