



BRISBANIA PUBLIC SCHOOL

"BELIEVE, PERSEVERE, SUCCEED"
1 HIGH STREET
SARATOGA NSW 2251

Dear Parents

The Department of Education's School Swimming Scheme is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. It also extends and provides further explicit instruction to confident swimmers, such as squad skills and stroke correction. The Scheme is conducted over ten days. Each daily lesson is 45 minutes.

The Department has only allocated 60 positions for this scheme, this year our current enrolment for Year 2 is 70 students. Places will be filled by returning 1st instalment and signed permission note.

Instruction will take place at Peninsula Leisure Centre, Woy Woy.
The Scheme will continue daily for two weeks from Monday 2nd November to Friday 13th November.
There will be no charge for instruction.

Transport is \$4.00 per day for 10 days
Pool entry is \$4.00 per day for 10 days
} = \$80.00 for 10 days

THE TOTAL COST FOR THE 10 DAY SCHEME IS \$80

PLEASE ENSURE PAYMENTS ARE MADE AS FOLLOWS:-

**1ST INSTALMENT OF \$40 DUE BY MONDAY 14th SEPTEMBER
2ND INSTALMENT OF \$40 DUE BY MONDAY 19th OCTOBER**

Each child needs to wear their swimming costume, bring 2 towels, dry underclothes and thongs to wear to and from the pool. Goggles and a rash vest are also recommended.

Students will be assessed during the School Swimming Scheme for all water safety skills without wearing goggles.

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

Year 2 Teachers



SCHOOL SWIMMING SCHEME CONSENT FORM

I do / do not consent to the attendance of my son/daughter _____ of class _____ at the School Swimming Scheme classes to be held at Peninsula Leisure Centre, Woy Woy - Monday 2nd November to Friday 13th November 2015.

This swimming scheme has been approved by the Principal and travel will be by bus.

Total cost for 10 day program is \$80.

First instalment of \$40 due Monday 14th September

Second Instalment of \$40 due Monday 19th October

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 _____

TO BE RETAINED AT THE SCHOOL

Privacy Notice
The personal information provided on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.
Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sport Unit: Website