



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, places will be filled by returning 1st instalment and signed permission note.

Instruction will take place at Gosford Council Pool

The Scheme will continue daily for two weeks during Term 4 - Monday 24th October to Friday 4th November 2016

Times - 1:00 - 1:45pm

There will be no charge for instruction.

THE TOTAL COST FOR THE 10 DAY SCHEME IS \$78 WHICH IS BUS FARES FOR 10 DAYS AND POOL ENTRY.

PLEASE ENSURE PAYMENTS ARE MADE BY THE FOLLOWING OPTIONS:-

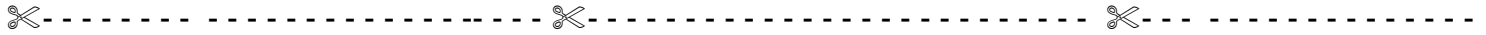
- 1. 1ST INSTALMENT OF \$39 DUE BY FRIDAY 9th SEPTEMBER
2. 2ND INSTALMENT OF \$39 DUE BY FRIDAY 14th OCTOBER
3. OR - WHOLE AMOUNT OF \$78 PAID IN FULL BY FRIDAY 9th SEPTEMBER.

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.

Wendy Norris
Organising Teacher



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 Gosford Council Pool, Gosford - Monday 24th October, to Friday 4th November 2016.

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

Total cost for 10 day program is \$78

First instalment of \$39 due Friday 9th September

Second Instalment of \$39 due Friday 14th October

or Pay \$78 in full by Friday 9th September



[ ] I have made an Online Payment. My receipt number is.....

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