

St James 6102

91 Coolgardie Street

Telephone:

(08) 9451 4556

Facsimile:

(08) 9451 4788

4th February 2019

Dear Parents,

Swimming lessons for 2019 commence week 3 of this term, Monday 18th of February to Friday 1st March for Pre Primary to Year Six students at Cannington Leisureplex.

Lesson times are:

12:10-1:00

Years 6, 3 and 1

1:00-1:50

Pre Primary and Year 5

1:50-2:40

Years 2 and 4

Children are allowed to wear their school sports uniform for the duration of the lessons. As lessons are during the afternoon this year, students will have time to change into their bathers before they leave school on the bus. Students are also to bring their towel, goggles and thongs/sandals. There will be a change to the lunch break to accommodate the times of the swimming lessons.

Please sign the permission slip below to allow your child to travel by bus to and from Cannington Leisureplex. Also attached is an Interm Swimming Enrolment form that will need to be completed and returned with the permission slip to your child's teacher. *Please return both forms to school no later than Thursday 14th February.* 

Thank you,

Ellen Fitzpatrick Physical Education Teacher

## Pre Primary to Year 6 INTERM SWIMMING LESSONS

| I give permission for                         | to travel by bus to and from the |
|---|----------------------------------|
| Cannington Leisureplex between the 18th of Fe |                                  |
|   |                                  |
| Signed  |                                  |



## Interm Swimming ENROLMENT FORM

## TO BE COMPLETED BY PARENT:

| l aive my child  |                      |  | Age: School:   |
|--|----------------------|--|--|
| I give my child  | ull Name             | PRINT BLOCK LETTERS)  A attend the Department of Educ                  | eation's Interm Swimming classes at  |
|  |                      | •  | •  |
|  |                      | · ·  | . (Lessons for Government schools are free. Payment is for transport and pool entr   |
| Is your child subject to asthma<br>his/her safety, or require the so | , seizu<br>chool t   | ures, fainting, epilepsy, diabetes,<br>to provide learning adjustment? | allergies or any other condition or disability* that may affect  O No O Yes (please provide further information if necessary) ** |
| *Swimming staff cannot take respo                                    | onsibilit<br>Princir | ty for medical conditions or diagnose                                  | d disabilities that are not listed on the returned form.   |
|  |                      | dication currently being taken if a                                    |  |
| Lagrae to inform the organiser                                       | e hafo               | re the scheduled departure of ar                                       | ny change to my child's health and fitness. Where it is not practical  |
| to communicate with me, I auti                                       | horise               | the school staff to consent to my                                      | y child receiving such medical treatment as considered necessary.  |
| Stage No   | 8                    | Water/Surf Wise  |  |
| 1 Beginner   | 9                    | Senior   | My child is going for Stage number:  |
| 2 Water/Surf Discovery   | 10                   | Jnr Swim & Survive/Surf Stage 10                                       |  |
| 3 Preliminary  | 11                   | Swim & Survive/Surf Stage 11   | Unsure - please grade:   |
| 4 Water/Surf Introduction  | 12                   | Snr Swim & Survive/Surf Stage 12                                       |  |
| 5 Water/Surf Safe  | 13                   | Wade Rescue/Surf Stage 13  | My child has attempted this 'going for' stage three times  |
| 6 Junior   | 14                   | Accompanied Rescue/Surf Stage14  | in Department of Education classes without passing.  Please attach copies of last three Department of                            |
| 7 Intermediate   | 15                   | Bronze Star (pool only)  | Education certificates.  |
|  | -                    |  | •  |
|  |                      | B  | umber: Date:   |
| Signature:   | ian).                | Parent daytime phone n   | umber: Date:   |