

BIRRONG PUBLIC SCHOOL
SCHOOL SWIMMING AND WATER SAFETY PROGRAM
YEARS 5 AND 6



24 August 2018

This year our school will be participating in the School Swimming and Water Safety Program in **Weeks 1 and 2 of Term 4, 15 October to 26 October 2018.**

The Program is aimed at students who have not reached a satisfactory standard of water safety and survival skills and are unable to swim **25 metres** confidently unaided in deep water.

Teachers from Birrong Public School will walk your child to the pool for instruction by specially qualified teachers. The Program will continue daily for two weeks. There will be no charge for instruction. The cost of entry into Birrong Pool is to be met by parents or guardians. This is a total cost of \$48.00 for the 10 days.

NUMBERS ARE LIMITED TO THE FIRST 60 STUDENTS ONLY.

Each child should bring a swimming costume, a towel and a shirt to prevent sunburn and a warm garment on a cool day. It is recommended that students regularly apply a SPF 30+ broad spectrum, water resistant sunscreen. On the consent form below, parents should indicate any medical conditions or disabilities (such as asthma, epilepsy, poor eyesight, hearing loss, etc) for the information of the swimming teachers. Please note, students will be participating regardless of weather conditions.

Please sign the form below and return it along with \$48.00 to the orange letter box by Friday 14 September 2018.

DATE OF SCHEME: **FROM MONDAY 15 OCTOBER TO FRIDAY 26 OCTOBER 2018**
AT BIRRONG POOL

D COLE
COORDINATOR

J DEVINE
PRINCIPAL

(DETACH AND RETURN BY FRIDAY 14 SEPTEMBER 2018)

I give my permission for my child _____ in class _____
(CHILD'S NAME)

to attend the School Swimming and Water Safety Program which has been arranged for students at Birrong Public School. I am aware that the children will be walking to and from Birrong Pool from 15 October to 26 October 2018.

ENCLOSED: \$48.00

PLEASE NOTE - Parents are requested NOT to make an online payment for the Swimming Program as there are limited numbers of spaces. Payments by cash or cheque ONLY are to be placed in the orange letter box. You will be notified if your child is successful.

My child at present suffers the following medical condition _____

SIGNED: _____ DATE: _____
(PARENT OR GUARDIAN)