

SCHOOL SWIMMING SCHEME

Message to Parents / Caregivers



Education &
Communities

Arrangements have been made to include a learn to swim program in our school curriculum.

The Department of Education and Communities 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. The Scheme is conducted over ten days. Each daily lesson is 45 minutes.

Students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently unaided in deep water, are eligible to participate in the School Swimming Scheme. The Scheme focuses on weak swimmers in Year 2 to 6 as well as students with special needs such as new arrivals in Australia and students with disabilities.

Instruction will take place at _____ pool.

The Scheme will continue **daily for two weeks** from _____ to _____. There will be no charge for instruction.

Transport will cost \$ _____ per day. **Pool entry** will cost \$ _____ per day.

The **total cost** for the 10 day scheme is \$ _____.

Each child should bring a swimming costume, a towel, a blouse or shirt, a hat and warm clothing on a cool day. Where instruction takes place in an outdoor pool, it is recommended that students use adequate sun protection, eg. an SPF 30+ broad spectrum, water-resistant sun screen reapplied regularly. A T-shirt or rash shirt is also recommended (pool facility permitting).

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

If your child is eligible for the Scheme, please complete and sign the form below and return it to your child's class teacher.

Principal: _____

Date: _____



Return this section to the school by: (Day) _____ Date _____

SCHOOL SWIMMING SCHEME CONSENT FORM

I hereby consent to the attendance of my son/daughter _____ at the School Swimming Scheme classes to be held at _____ pool from _____ to _____.

Travel will be by _____ (bus, walking). **Total cost for 10 day program 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

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