Dear Parents/Guardians

Please find included, details of this year’s Interm Swimming lessons offered to students from Pre Primary to Year 7 at Mead Street and Bentley Street.

In order to accommodate all students, this year’s Interm Swimming lessons will be conducted in two separate blocks:

- **BLOCK 1:**
  Tuesday 4 March to Friday 14 March, will include students from:
  Year 5 Mr Little, Year 4 Mr Armstrong, Year 2 Mrs Smith, Year 3/4 Mrs Scott and Mrs Edwards, Year 2 Mrs Elkington and Mrs Hearman, Year 3 Mrs Davies and Year 3 Ms Pearce.
  *(NB: Group 1 will complete 9 lessons due to Labour Day holiday on Monday 3 March.)*

- **BLOCK 2:**
  Monday 17 March to Friday 28 March, will include students from:
  Year 7 Ms McLoughlin, Pre Primary 1 Mrs Jones and Mrs Atherton, Year 7 Mr James Duncan, Pre Primary 2 Mrs Ucich, Year 5/6 Mrs Pember, Year 1 Mrs Gibbs, Year 6 Mrs Hutchison and Year 1 Mrs Howlett.

Students will participate in a series of 40 minute lessons. Lessons have been scheduled at regular times throughout the school day.

Lessons are provided free of charge by the “Swimming and Water Safety Unit” of the Department of Education. Parents/Guardians will be required to pay the cost of pool entry. ($3.20 per day). Payment must be made with the return of your child’s enrolment form or nearer to the date of your child’s lessons.

Please complete the attached ‘Interm Swimming Enrolment’ form and return it to your child’s teacher **on or before Wednesday 26 February**

For any additional information please contact your child’s teacher or the Mead Street office on 97311557 or Bentley Street office on 97311060.
DETAILS AT A GLANCE

DATES:  
BLOCK 1 – Tuesday 3 March to Friday 14 March  
BLOCK 2 – Monday 17 March to Friday 28 March

COST:  
Block 1: $28.80  
Block 2: $32.00  
Payable to the office.  
NB: Payment must be made with return of enrolment slip.

TIMES:  
All lessons will be scheduled during school hours.  
Specific lesson times will be provided closer to the date.

VENUE:  
Donnybrook Recreation Centre

YEAR GROUPS:  
Pre Primary to Year 7

EQUIPMENT:  
Bathers/towel/bag for wet clothing

ENROLMENT:  
Completed enrolment forms to be returned on or before Wednesday 26 February.

Please complete and return with payment.

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INERTM SWIMMING ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child ___________________________ (Full Name PRINT BLOCK LETTERS) Age: ________ School: ________

Room Number: ____________________ permission to attend the Department of Education’s Intern swimming classes at ____________________

commencing on _____/____/____ and enclose payment of $ ____________.

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect his/her safety, or require the school to provide learning adjustment? □ No □ Yes (please provide further information if necessary) **

______________________________
Signature ________________________

*NB: Swimming staff can not take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**NB: If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments. Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child’s health and illness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

<table>
<thead>
<tr>
<th>Stage No</th>
<th>1 Beginner</th>
<th>2 Water/Surf Discovery</th>
<th>3 Preliminary</th>
<th>4 Water/Surf Introduction</th>
<th>5 Water/Surf Safe</th>
<th>6 Junior</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is going for Stage No:</td>
<td></td>
<td></td>
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</tbody>
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Unsure, please grade:  
My child has attempted this ‘going for’ stage three times in Department Education classes without passing.

Signature ___________________________  (Parent/Guardian)  Parent Daytime Contact Phone Number: ________________________ Date: ____________