

## In-term Swimming Term 3 2023

Dear Parents/Caregivers

Your child's in-term swimming lessons will take place next term from Wednesday 19<sup>th</sup> July to Friday 28<sup>th</sup> July, Week One and Two of Term 3, 2023. Lessons will take place at the Armadale Fitness and Aquatic Centre, 76 Champion Dr, Armadale. It is expected that all students, from Pre-Primary to Year 6, will participate in all lessons.

Students will travel daily by bus to and from the Armadale Fitness and Aquatic Centre. The cost of swimming lessons, which includes pool entry and transport, is **\$49** per student.

### Swimming Schedule

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
<b>Classes Attending</b>	<b>Classes Attending</b>	<b>Classes Attending</b>	<b>Classes Attending</b>	<b>Classes Attending</b>	<b>Classes Attending</b>
Yr PP G1 Yr 3 T7	Yr PP G2 Yr 6 Q1	Yr 1 C1 Yr 6 Q2	Yr PP G4 Yr 3 T12 Yr 3/4 D3	Yr 1 C2 Yr 2/3 D1 Yr 3 T8	Yr PP G3 Yr 6 Q4
<u>Depart School:</u> 8.35am	<u>Depart School:</u> 9.25am	<u>Depart School:</u> 10.10am	<u>Depart School:</u> 11.20am	<u>Depart School:</u> 12.05pm	<u>Depart School:</u> 12.50pm
<u>Lesson Time:</u> 9.00 - 9.40am	<u>Lesson Time:</u> 9.45 - 10.25am	<u>Lesson Time:</u> 10.30 - 11.10am	<u>Lesson Time:</u> 11.40 - 12.20pm	<u>Lesson Time:</u> 12.25 - 1.05pm	<u>Lesson Time:</u> 1.10 - 1.50pm
<u>Depart Pool:</u> 9.50am	<u>Depart Pool:</u> 10.35am	<u>Depart Pool:</u> 11.20am	<u>Depart Pool:</u> 12.30pm	<u>Depart Pool:</u> 1.15pm	<u>Depart Pool:</u> 2.00pm

For swimming lessons, students should have the following all clearly labelled with their name:

- Shoes and socks for before and after swimming lessons
- Spare underwear
- Towel
- A bag for wet clothes
- Thongs to wear to and from swimming lessons
- School uniform to wear before and after swimming lessons
- Goggles and robes are optional

Payment can be made by direct deposit, over the phone by credit card, or in person at the Front Office by card or cash. Please note, change will not be provided for cash payments and any change owed will be listed as credit on your child's account.

If you wish to pay by direct deposit, the bank account details are:

Account name: West Byford Primary School

BSB: 066 040

Account number: 1990 4111

Reference: Surname FirstInitial Class SG1 (for example, Smith A X1 SG1) – **please ensure your child's surname, initial and class are included in the reference as we get numerous payments throughout the day. There may be a delay in matching your payment to your child if this information is missing.**



Payment plans are also being offered. If you have any difficulties with paying, please don't hesitate to email Danielle Kneafsey, Manager Corporate Services, on [danielle.meyn@education.wa.edu.au](mailto:danielle.meyn@education.wa.edu.au) as soon as possible to set a payment plan up.

Please complete all forms: the Permission slip, In-term Swimming Enrolment form, and Consent for Water-Based Excursion form. These forms and payment are due no later than **Wednesday, 28<sup>th</sup> June.**

West Byford Primary School prides itself on high standards of both behaviour and achievement. As per the Excursion Policy, students who receive 3 behaviour notices recorded on SIS Behaviour, In-School Suspension or Out of School Suspension in the previous term will be ineligible to attend.

If you have any questions, please contact me on [westbyford.ps@education.wa.edu.au](mailto:westbyford.ps@education.wa.edu.au) or phone 9526 6550.

Yours sincerely

Katelyn Smith  
Deputy Principal

6 June 2023

**Permission Slip – IN-TERM SWIMMING 19<sup>th</sup> – 28<sup>th</sup> July 2023**

I give permission for my child \_\_\_\_\_ Class: \_\_\_\_\_ to travel by bus to In-term Swimming lessons at the Armadale Fitness and Aquatic Centre as stated. I confirm that all health care information held by West Byford Primary School remains current.

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



Government of Western Australia  
Department of Education

**In-term Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age \_\_\_\_\_ School West Byford Primary School  
(Full Name PRINT BLOCK LETTERS)

Room \_\_\_\_\_ AFAC  
Number \_\_\_\_\_ permission to attend Department of Education's In-term Swimming classes at \_\_\_\_\_

Commencing on 19/07/2023 Enclosed is payment of \$49 (Lessons for Government schools are free. Payment is for transport and pool entry)

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 below if necessary\*\*

Please provide details of medication currently being taken (if applicable): \_\_\_\_\_

Is there any other information swimming staff should be aware of to enable your child to fully participate in In-term Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

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

*\*\*If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

**I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. 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**

Stage Number	8. Water/Surf Wise
. Beginner	9. Senior
. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
. Preliminary	11. Swim & Survive/ Surf Stage 11
. Water/Surf Introduction	12. Snr Swim & Survive/Surf Stage 12
. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
. Junior	14. Accompanied Rescue/ Surf Stage 14
. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

Unsure please grade

My child has attempted this 'going for' stage three times in Department of Education classes without passing  
**Please attach copies of last three (3) Department of Education certificates.**

Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)



CONSENT FOR WATER-BASED EXCURSION
STRICTLY CONFIDENTIAL

TO BE COMPLETED BY PARENT / GUARDIAN

THIS FORM IS INTENDED TO ASSIST THE SCHOOL AND SUPERVISING TEACHERS IN THE EVENT OF AN EMERGENCY INVOLVING YOUR CHILD. IT IS REQUIRED FOR ALL CHILDREN ATTENDING EDUCATIONAL EXCURSIONS.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's full name: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Ph No.: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Swimming ability (refer to the Education Department Swimming and Water Safety Continuum – Details of Swimming ability related to the excursion – Schools need to request information from parents regarding students' skills and abilities in the context of the excursion eg. ocean, pool etc.

Table with 2 columns: Stage No. (1-12) and description (Beginner, Water Discovery\*, Preliminary, Water Awareness\*, Water Sense\*, Junior, Intermediate, Water Wise\*, Senior, Jnr Swim & Survive\*, Swim & Survive\*, Snr Swim & Survive\*). Includes fields for 'My child has achieved Stage No: \_\_\_\_\_', 'Date achieved: \_\_\_\_\_', 'I am unsure, please assess' with a checkbox, and 'Other comments:'.

\* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical Details

Is your child subject to asthma, fits, fainting, epilepsy, diabetes or any other condition which may affect his/her safety during aquatic activities? (Please list):

Yes / No Give details: \_\_\_\_\_

\*Unless such conditions are listed and the form returned, Swimming Staff will take no responsibility for medical conditions of which they are not aware.

Is your child allergic to:

Penicillin yes / no Give details: \_\_\_\_\_

Any other drug yes / no Give details: \_\_\_\_\_

Any food yes / no Give details: \_\_\_\_\_

Other yes / no Give details: \_\_\_\_\_

Is any special care required? Yes/ no If "yes", give details:

Medications – arrangements for the safekeeping and handling of medications must be made prior to the excursion. Is your child presently taking tablets and/ or any other forms of medication?

Yes / No If "yes", give details (type of medication, dosage, frequency and reason for use):

I agree to inform the organizers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Education – Water-based Excursions Procedures and Guidelines - All policy and procedural statements contained within this document are lawful orders for the purpose of section 80(a) of the Public Sector Management Act 1994 (WA) and are therefore to be observed by all Department of Education employees.