



COOLBINIA PRIMARY SCHOOL - *Inspiring Growth*

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YEARS 1-6 IN-TERM SWIMMING LESSONS FOR THOSE ATTENDING INTERSCHOOL ATHLETICS

Dear Parents,

Commencing on **TUESDAY 10 OCTOBER** and for the following 9 school days, concluding on **FRIDAY 20 OCTOBER** children in Years 1-6 will be attending swimming lessons conducted by Department of Education staff at Terry Tyzack Aquatic Centre. Students leave school approximately 15 minutes prior to the commencement of their 40 minutes lesson. Students will be returning straight to school after their lesson. **Those students participating in the Interschool Athletics will not be attending on the last day.**

Group	1	2	3
Lesson Times	9:10 – 9:50	9:55-10:35	10:45-11:25
Class	ELC 3 Room 8	ELC1 ELC 9	ELC 2 Room 10

Group	1	2	3
Lesson Times	11:30-12:10	12:40-1:20	1:25-2:05
Class	ROOM 3 ROOM 5 ROOM 4	ROOM 2 ROOM 11	ROOM 7 ROOM 12 ROOM 1

The total cost, including pool entry and bus for the 9 days, is **\$39.00**. **This price has been adjusted for students participating in the Interschool Athletics Carnival.** These costs are non-refundable. It is expected that all children will attend as this is a valuable component of the children's curriculum.

Please ensure that ALL children have sunscreen applied before school, for early lessons, and that ALL articles of clothing are clearly marked.

Please complete the '**In-term Swimming Enrolment Form**' and the '**In-term Swimming Permission Slip**' no later than **Thursday 21st September**. Money can be forwarded in a sealed, named envelope, to your child's class teacher or via EFTPOS at the front office

Yours sincerely,
Elliot Harris
Physical Education Specialist
Wednesday 13th September 2017

IN-TERM SWIMMING PERMISSION SLIP

TO BE COMPLETED BY PARENT:

I give my child _____ permission to attend In-term swimming classes at Terry Tyzack Aquatic Centre commencing on **TUESDAY 10th OCTOBER**, concluding on **FRIDAY 20th OCTOBER**, and enclose payment of \$39.00.

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 teacher-in-charge of the excursion and consent to my child receiving such medical treatment as may be considered necessary. I am aware that the Department of Education has a Personal Accident Insurance Policy that covers children participating in authorised excursions and camps; however, this policy does not cover the loss or damage of personal belongings.

I have paid the \$39 by
(Please tick appropriate
box regarding payment)

Cash Enclosed within this form
At the Office
By direct deposit
Authority to deduct account

Signed _____ (*Parent/Guardian*) Date _____

If there are any changes to your child's Medical Information or Emergency contact details, which were provided at the beginning of the year, please advise your child's class teacher prior to the excursion.