



# CONNOLLY PRIMARY SCHOOL

Fairway Circle, Connolly WA 6027

Phone: 6206 3200

Email: [connolly.ps@education.wa.edu.au](mailto:connolly.ps@education.wa.edu.au)

Website: [www.connollyps.wa.edu.au](http://www.connollyps.wa.edu.au)

## YEAR 5 / 6 SWIMMING LESSONS

Dear Parents,

A series of **10 swimming lessons** for children of in Years 5 and 6 will be held at Sorrento Beach commencing on the 18<sup>th</sup> February, 2019 and concluding on 1<sup>st</sup> March, 2019.

Details are as follows:

**Venue:** Sorrento Beach

**Dates:** Monday 18<sup>th</sup> February, 2019 – Friday 1<sup>st</sup> March, 2019.

**Lesson Times:**

**Year 6**

**10.55am-11.35am**

**Year 5**

**12.15pm – 12:55pm**

(Students will depart school approx. 20 min. before their lesson and return approx. 35 min. after their lesson)

**Travel:** Belridge Bus Charter

**Cost:** **\$42.00 for the series.** This payment covers all costs.  
**Payment due by Monday 11<sup>th</sup> February 2019.**

Children will travel to the beach in bathers and will require their towel and change of clothing in a plastic bag. Shoes/socks will be left at school under desks as a means of saving time and reducing lost property problems. Thongs or slip-ons **MUST** be worn to and from the beach for safety reasons (**NO BARE FEET!!**).

Swimming lessons are considered to be part of the normal school programme available to our school and **all children are expected to participate**. Any student unable to participate will complete a normal programme of schoolwork under the supervision of a teacher.

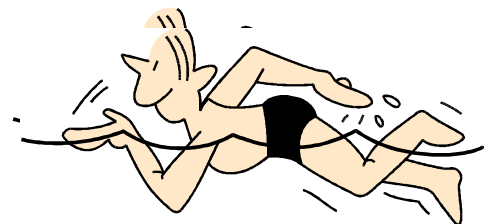
*This excursion has been uploaded on Qkr, ready for digital permission and payment to be finalised. Preferred permission and payment at Connolly Primary School is now through the Qkr app.*

**Please note that if permission is done through the Qkr app the school also requires the Dept of Education Enrolment form to be returned.**

Alternatively, please return BOTH the completed forms below and provide payment by EFTPOS or online transfer to Connolly Primary School, BSB: 066-040, Account: 199 03645, Ref: child's surname, first name and reason.

Yours faithfully

Brooke Coyle  
Associate Principal



**BOTH FORMS MUST BE COMPLETED AND RETURNED TO THE SCHOOL**



Government of Western Australia  
Department of Education

**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
(Full Name PRINT BLOCK LETTERS)

Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm 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) \*\*

\*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 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.

<b>Stage No:</b>	<b>7</b>	<b>Intermediate</b>
1	Beginner	8 Water/SurfWise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive
4	Water/Surf Introduction	11 Swim & Survive
5	Water/Surf Safe	12 Snr Swim & Survive
6	Junior	12+ Adv Swim & Survive

My child is going for Stage No:

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 Department of Education certificates.

Signature \_\_\_\_\_ Parent Daytime Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Interm Swimming Enrolment Form V1, May 15

**YEAR 5 / 6 SWIMMING LESSONS**

**To be returned to the office with necessary payment of \$42.00 by Monday 11<sup>th</sup> February 2019.**

Paid online  Eftpos  Qkr  Unallocated Credit

<b>Child's Name:</b>		<b>Room No:</b>
<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
Other Contact Information: .....		
I have read and understood the information regarding the excursion and give my consent for my son/daughter to attend.		
<b>Signature of parent/guardian:</b> .....		<b>Date:</b> .....

**Please note: If any medical details for your child have changed, please contact the office so that records can be updated.**

NOTE – Photographs of this activity may be used on our website (incl. first name) or in print media (Full name). If you are unhappy with this arrangement regarding your child/ children, please advise the class teacher prior to the outing.