



# WERRIBEE PRIMARY SCHOOL NO. 649

Deutgam Street, Werribee 3030

## Year 2 and 4 Swimming

**Date:** Tuesdays in Term 2, commencing on Tuesday 24<sup>th</sup> April.

The Health and P.E Curriculum, strongly recommends that all students participate in a swimming program.

Dear Parents/Guardians,

Werribee Primary School is conducting a Swimming Program for students in Years 2 and 4. The program will commence in Term 2 on Tuesday 24<sup>th</sup> April and conclude on Tuesday 26<sup>th</sup> June. Each Tuesday during this 10 week period, students will participate in a Swimming lesson. The program will be conducted at **Paul Sadler Swimland** in Werribee. Students will travel to and from the venue by bus. The cost of the program is \$100.00 for ten x 45 minute lessons with qualified swimming and water safety instructors.

For your child to participate in the Swimming Program you must complete the consent form reply slip below and return it, along with a **\$40 deposit**, to the school office by **Friday 16<sup>th</sup> March**. If a deposit is not received before Friday the 16<sup>th</sup> of March, your child will be unable to attend the program. The **balance of \$60** is due by **Thursday 19<sup>th</sup> April**. Swimming Lesson times for each class will be made available once the due date for payment has passed. If you are experiencing financial difficulties, please come and speak to someone in the office to arrange a payment plan.

**Details are as follows:**

**Teacher in charge: Classroom Teacher**

**Classes involved: Year 2 and 4**

**Date for the excursion:** Term 2: Tuesdays Weeks 2-11  
24/4, 1/5, 8/5, 15/5, 22/5, 29/5, 5/6, 12/6, 19/6, 26/6.

**Cost: \$100 Deposit of \$40 To be paid by: Friday 16<sup>th</sup> March**

**Balance of \$60 To be paid by: Thursday 19<sup>th</sup> April**

**Time leaving the school: TBA**

**Venue: Paul Sadler Swimland**

**Time returning to the school: TBA**

**Means of transport: Bus**

**Materials/equipment required:** Hat, Bathers (to be worn under school uniform), Towel, Underwear, Thongs, Goggles (optional) – all clearly labelled and in a bag that can be carried to and from the pool.

**Mrs Sarah Sherratt (Contact/Coordinating Teacher: 9742 6659)**

**David Quinn (Principal)**

*Please detach and return the consent form and any money to your teacher by: 9:00am on Friday 16<sup>th</sup> March.*

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## Year 2 and 4 Swimming

**FIRST NAME** ..... **SURNAME:** ..... **CLASS** .....

I give permission for my child to participate in the \_\_\_\_\_ excursion on \_\_\_\_\_

I wish to pay in the following manner:

- I enclose \$ \_\_\_\_\_ Cash/Cheque
- BPAY (Please contact office for Biller Code and Reference No.) BPAY Receipt No: \_\_\_\_\_
- CSEF (Camps, Sport & Excursion Fund) If applicable.
- Credit Card / Debit Card at front office
- Direct Deposit to: Account Name: Werribee Primary School Council  
BSB: 063 541  
Account Name: 10393050  
Bank: Commonwealth Bank of Australia

**Please include student name in reference field when making payment**

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**Parent's/Guardian's signature** ..... **Date** .....

**Special Provision** - In compliance with DET Practices it is necessary for parents to notify schools of any **special medical circumstance** that exists in relation to school camps, excursions and sporting activities. As a consequence we request parents to indicate below any special medical circumstance that relates to a child participating in any of the above activities.

**Medical Circumstance**

- Diabetes  Epilepsy  Asthma  Haemophilia
- Other  Please specify .....

On this day I/we can be contacted at ..... Phone .....

**NON RETURN OF THIS SIGNED, DATED FORM EXCLUDES YOUR CHILD FROM THIS EXCURSION.**