18 March 2016

Dear Parents/Caregivers

Rooms ECC2, 2,3,4,7,8,9,12,17 18 SWIMMING LESSONS
Monday 16 May – Friday 27 May 2016

School swimming lessons for 2016 will run from Wednesday, 16 May until Friday, 27 May. The lessons are for students from Rooms ECC2, 2,3,4,7,8,9,12,17,18 The cost is $55 per student, which covers pool entry and bus transport. Attached to this note are consent and health forms, and the swimming enrolment form.

If you are new to Tambrey Primary School it would be appreciated if you can send a photocopy of your child's previous swimming certificate.

If your child has completed a vacation swimming session or other lessons since their last school swimming lessons we would also appreciate a photocopy of this certificate.

Please complete and return forms and the money to the front office by Thursday 7th April. Please use an envelope clearly marked with your child's name and room number. Payment for families may be included in one envelope, but each child requires a separate form. For your convenience we have included a credit card facility below.

A final letter will be sent home later with details of the swimming lessons schedule and what the students will be required to bring.

Kind Regards

Dianne Hall
Deputy Principal

_____________________________________________________________________

Student Name __________________________ Room Number __________

AMOUNT $_________ Visa ___ Mastercard ___

Card No. ___ / ___ / ___ / ___ Exp date: ___ / ___ CCV: ___

Cardholder’s name: __________________ Cardholder’s signature: __________________
I have read and understood the information regarding In-Term Swimming Lessons from 16 May – 27 May and give my consent for my child: __________________________ to attend.

Signature of parent/guardian: __________________________ Date

<table>
<thead>
<tr>
<th>STUDENT DETAILS</th>
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</thead>
<tbody>
<tr>
<td><strong>Student’s name:</strong></td>
</tr>
<tr>
<td><strong>Room:</strong></td>
</tr>
<tr>
<td><strong>Parent/guardian’s full name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Telephone no.</strong> – home:</td>
</tr>
<tr>
<td>– work:</td>
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<tr>
<td>– mobile:</td>
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<tr>
<td><strong>Name of family doctor:</strong></td>
</tr>
</tbody>
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**Medical details**

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion?

- Yes [ ]
- No [ ]

If "yes", please give details:

**Is your child allergic to:**

- Penicillin [ ] Please give details
- Any other drug [ ]
- Any food [ ]
- Other [ ]

Date of last tetanus vaccination:

**Medication**

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?

- Yes [ ]
- No [ ]

Does your child self-administer the medication?

- Yes [ ]
- No [ ]

If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school?

- Yes [ ]
- No [ ]

**Other information**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

<table>
<thead>
<tr>
<th>Other information</th>
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| Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child. |
INTERM 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 Interim 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.

<table>
<thead>
<tr>
<th>Stage No:</th>
<th>7</th>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Beginner</td>
<td>8</td>
<td>Water/Surf Wise</td>
</tr>
<tr>
<td>2 Water/Surf Discovery</td>
<td>9</td>
<td>Senior</td>
</tr>
<tr>
<td>3 Preliminary</td>
<td>10</td>
<td>Jnr Swim &amp; Survive</td>
</tr>
<tr>
<td>4 Water/Surf Introduction</td>
<td>11</td>
<td>Swim &amp; Survive</td>
</tr>
<tr>
<td>5 Water/Surf Safe</td>
<td>12</td>
<td>Snr Swim &amp; Survive</td>
</tr>
<tr>
<td>6 Junior</td>
<td>12+</td>
<td>Adv Swim &amp; Survive</td>
</tr>
</tbody>
</table>

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 certificates.  □

Signature __________________________  Parent Daytime Contact Phone Number: __________________________  Date: ____________

If your child has recently done swimming lessons in a centre other than Karratha, please write the name of the centre and provide a copy of the certificate. __________________________