



WEST LEEDERVILLE  
PRIMARY

Dear Parent/Guardian

The Department of Education provides a comprehensive swimming program for all students in Pre-primary through to Year 6. Intern swimming lessons form an important part of the health and physical education component of the West Australian Curriculum. **Years 5 & 6 students will be swimming during Weeks 1 and 2 of Term 1, 2020.**

Please complete and return the Water Based Excursion consent form and the blue swimming enrolment form to the front office, and provide digital consent and authorise payment via the Skoolbag app or by hard copy.

Please retain this information and return the consent form (opposite) by Wednesday, 11<sup>th</sup> December, 2019.

DATE: 5<sup>th</sup> to 14<sup>th</sup> February, 2020

VENUE: Cottesloe Beach

TIME: Lesson 1: 10.50am, bus departs at approximately 10.10am – Class TBD  
Lesson 2: 11.35am, bus departs at approximately 10.55am – Class TBD

COST: \$22.00, includes bus fare for 8 days. (Lessons are free)

DRESS: Because the lessons are in the morning, children can come to school in their bathers under their uniform.

BRING:: SunSmart- sunscreen and rash vests.  
Swimming goggles are permitted, but snorkeling goggles are not suitable.  
Please make sure any required medication is given to the class teacher to take.  
PLEASE LABEL EVERYTHING

SUPERVISION: Classroom teachers, education assistants and administrators will be attending on various days. Any queries please email me [lisa.wade@education.wa.edu.au](mailto:lisa.wade@education.wa.edu.au)

**NOTE:**

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Costs incurred as a result of accident or illness are the responsibility of the parent/ guardian.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

Should you have any queries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9381 1655 or via email.

Ms Fiona Kelly  
Principal

**INTERM SWIMMING YEARS 5 & 6, PAYMENT METHOD (\$22.00)**

Child's name: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child will be participating in the Intern Swimming Lessons at Cottesloe Beach from 5<sup>th</sup> to 14<sup>th</sup> February, 2020.

Please:-

- Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).
- I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672  
Ref: Student's name) Bank reference no: \_\_\_\_\_ Date: \_\_\_\_\_
- I enclose \$ \_\_\_\_\_ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).
- Credit card: Type \_\_\_\_\_ Card No. \_\_\_\_\_  
Expiry date \_\_\_\_\_ Amount \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Credit Card payments only accepted where cost exceeds \$15)**

**YEARS 5 & 6 INTERM SWIMMING CONSENT FORM, TERM 1, 2020**

I have read and understood the information regarding the Intern swimming lessons to Cottesloe Beach from 5<sup>th</sup> to 14<sup>th</sup> February, 2020 and give my consent for my son/daughter

\_\_\_\_\_ from class \_\_\_\_\_ to attend.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO YOUR CLASSROOM TEACHER BY Wednesday, 11<sup>th</sup> December, 2019.**