



Dear Parents/Caregivers

2022 Cottesloe Beach In-Term Swimming Lessons: 28 February to 11 March (8 days)

The Year 5 and 6 students will be attending eight days of In-Term Swimming Lessons at Cottesloe Beach from Monday 28 February to Friday 11 March. Swimming Stages 1-15 will be catered for and examined. This is a normal school sport activity and ***all students are expected to attend*** unless they have a medical reason that precludes them from swimming. All classes will depart from and return to Applecross Primary.

<i>2022 Cottesloe Beach In-Term Swimming Lessons Schedule</i> <i>Term 1 Week 5/6 (28/2/22 – 11/3/22)</i>					
<i>GROUP</i>	<i>ROOM NUMBERS</i>	<i>YEAR LEVELS</i>	<i>DEPART SCHOOL</i>	<i>LESSON TIME</i>	<i>ARRIVE SCHOOL</i>
1	20, 21, 22	6	9:20am	10:05 – 10:45am	11:30am
2	11, 12, 14, 15, 16, 17	5	10:15am	11:00 – 11:40am	12:25pm

The swimming lessons are free, however the cost of the bus hire is **\$52 per child**. Payment options are detailed on the attached 'Parent Permission and Payment Form'.

Please return the following completed forms clearly labelled, by Friday **18 February 2022** to the locked box in the office:

- Parent Permission and Payment Form
- In-Term Swimming Enrolment Form
- Water Based Excursion Form

Please see the other side of this page for information in regards to having your child ready for swimming lessons.

Should you require any further clarification please contact the school administration.

Yours sincerely

Mr Derek Rijnhart
Physical Education Specialist
14 February 2022

Having your child ready for swimming lessons

All students:

- should bring 2 towels or a towel and a towel dressing gown to school. One towel goes to the beach and one towel stays at school to dry off when getting changed.
- should have a rashie they can wear at swimming lessons to protect them from the sun and apply sunscreen before leaving school for the beach.
- are allowed to bring (not wear) a non-uniform jumper to school that they can wear to and from the beach.
- should wear their bathers to school under their school uniform. Boys are allowed to wear their board shorts to school.
- should bring a swimming bag that has all their swimming items in it, such as towel, thongs, goggles etc.
- need to have clean underwear in their swimming bag to get changed into back at school. Boys will also need to have their school shorts to change back into.
- will only be taking with them to the beach their towel, thongs and a jumper/shirt. All other items of clothing will remain at school.
- will change back into their school clothes once they return to school.
- **must wear shoes to school**; their thongs are to be in their swimming bag.

Please label all items of clothing and swimming gear clearly.

Parent Permission and Payment Form

Excursion to Year 5/6 In-Term Swimming Lessons 2022

Where: Cottesloe Beach

When: Monday 28 February to Friday 11 March 2022

Time: As per the schedule on the front page

The cost will be **\$52.00** per student. **Please sign and return all forms, and correct money (if paying cash), to the front office before Friday 18 February.**

I have signed and completed the **Parent Permission and Payment Form, In-Term Swimming Enrolment Form and Water Based Excursion Form**. I have read and understood the information regarding the excursions to Cottesloe Beach from Monday 28 February to Friday 11 March 2022 and give consent for my child to attend swimming lessons at Cottesloe Beach **travelling by bus**.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

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. 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.

I have paid the total maximum extra cost options for my child/children for 2022. Please deduct \$52.00 from this amount.

OR

PAYMENT OPTIONS * CASH

* CREDIT CARD - Visa & Mastercard

* DIRECT DEPOSIT - ANZ Booragoon BSB 016-267 Account No 3408 67399 (Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)

PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash Credit Card
 Visa Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE



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 Department of Education's Interm Swimming classes at _____

Commencing on ____ / ____ / ____ Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for transport and pool entry)

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 below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) **IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL**

**Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.*

***If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

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

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/ Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

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 (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

APPLECROSS PRIMARY SCHOOL

CONSENT FOR WATER-BASED EXCURSION



APPLECROSS
PRIMARY SCHOOL

STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name _____ Date of birth _____

Parent or guardian's full name _____

Address _____ Postcode _____

Telephone – mobile _____ Telephone - work _____

Telephone - home _____

Name of family doctor _____ Telephone _____

Medicare number _____

The excursion will involve water based swimming activities.

Please indicate your child's swimming ability

- | | | |
|---------------------|--|---|
| 1. Beginner | 7. Intermediate | 13. Wade Rescue/Surf Stage 13 |
| 2. Water Discovery* | 8. Water Wise* | 14. Accompanied Rescue/Surf Stage 14 |
| 3. Preliminary | 9. Senior | 15. Bronze Star (pool only) |
| 4. Water Awareness* | 10. Junior Swim and Survive*/Surf Stage 10 | |
| 5. Water Sense* | 11. Swim and Survive*/Surf Stage 11 | My child has achieved Stage number: <input type="text"/> |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | Date achieved _____ |
| | | I am unsure. Please assess my child: <input type="text"/> |

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

Please turn over /...

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	_____
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Any insect stings	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	Give details	_____

Is any special care required?

Yes No

If "yes", give details:

Tetanus vaccination:

Yes No Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.
Is your child presently taking tablets and/or other forms of medication?

Yes No

Does your child self-administer the medication?

Yes No

If 'yes', give details (dosage, frequency, name of medication and reason for use):

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

Yes No

CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent/guardian _____ **Date** _____