

# Mullaloo Heights Primary School



## INTERM SWIMMING: Term 4 - Week 1 & 2

Dear Parents,

Students from Pre-primary to Year Six will be participating in Interm Swimming Lessons at Craigie Leisure Centre. Lessons will commence on **Tuesday, 10<sup>th</sup> October to Friday, 20<sup>th</sup> of October**. Students will participate in nine lessons. Our allocated booking will have three groups of students attending each day, as follows:

Lesson Times	Class
9:00 - 9:40	PP - ECU2, Y2 - Rm 6, Y3/4 - Rm 9
9:45 - 10:25	Y1 - Rm 7, Y3/4 - Rm 10, Y5/6 - Rm 11
10:35 - 11:15	Y1 - Rm 8, Y3/4 - Rm 5, Y5/6 - Rm 12

The cost of swimming this year is **\$46.00**. This includes transport to/ from pool in a **seat-belted coach**, pool entry and lessons in accordance with the school's Schedule of Contribution and Charges. Payment is due by the **21<sup>st</sup> of September**. This is the date we need to confirm our numbers with the pool centre and bus provider.

Payment may be either cash / cheque given to the class teacher or by direct deposit/eftpos (see details below). Cheques are to be made payable to Mullaloo Heights Primary School. Please inform us if there are any issues with providing payment by the 19<sup>th</sup> of September.

You are able to pay by **eftpos at the school office** or by **'Direct Deposit'** into the Mullaloo Heights Primary School bank account.

These details are below.

MHPS Commonwealth Bank / CBA

**BSB:** 066040

**A/c No:** 19903178

**Please reference your child's full name and code SL (Swim Lessons)** with the payment.

Also, please return the Student Health Form WBE and Consent Form / Interm Enrolment Form to your child's classroom teacher by the **21<sup>st</sup> of September**.

Please note that if children cannot attend lessons they have paid for due to sickness etc, they will only be entitled to a refund of the pool entry cost. Parents wishing to be spectators will be required to pay at the leisure centre. Parents are advised that they will need to make their own way to the pool.

After the lesson, students will be changing into their school uniform in the change rooms at the leisure centre. Students will be **allowed to wear thongs (flip flop shoes) to and from the pool**. Male and female staff from Mullaloo Heights Primary School will be in attendance at all sessions.

Please note, copies of these forms can be downloaded from the school website and school app.

Thank you,

Mr Michael Adlam  
Deputy Principal.

1 September 2017

# STUDENT HEALTH FORM WBE 2017

Water Based Excursion

## STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion, and in the event of an emergency. It is required for all children attending educational excursions.

### STUDENT DETAILS

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/ Guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: – home: \_\_\_\_\_ - work: \_\_\_\_\_

- mobile: \_\_\_\_\_

Name of Family doctor: \_\_\_\_\_ Telephone no: \_\_\_\_\_

### 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:

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from **asthma**? Yes  No

Is your child allergic to: (Please tick)

Additional Information if required:

Penicillin   
Any other drug   
Any food   
Other

\_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_ Don't know

### Medication

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

Is your child presently taking tablets and/or any other forms of medication? Yes  No

Does your child self-administer the medication? Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_

### 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.

\_\_\_\_\_  
\_\_\_\_\_

Note: I agree to inform Mullaloo Heights PS before the excursion departure of any change to my child's health and fitness so that appropriate action can be taken. 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: \_\_\_\_\_

**CONSENT FORM FOR EXCURSION FOR IN-TERM SWIMMING at CRAIGIE LESIURE CENTRE**  
 Tuesday, 10<sup>th</sup> of October to Friday 20<sup>th</sup> October - 2017

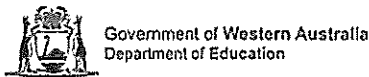
I am aware that any cost incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers well before the scheduled departure of any change to my child's health and fitness as stated on school medical records so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

I have read and understood the information regarding In-term Swimming lessons and give my consent for my son/daughter to attend, travelling to and from the pool by bus.

I have enclosed payment and the In-term Swimming forms.

Name of Student:	Room:
Name of parent / guardian:	
Signature of parent / guardian:	

✂ .....  
(Office Use)



**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: Mullaloo Heights PS  
(Full Name PRINT BLOCK LETTERS)  
 Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at Craigie Leisure Centre  
 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) \*\*

\*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 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>		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:

Unsured - 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 phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)