



## 2024 IN-TERM SWIMMING

### LESSONS – YEARS PP-Yr3

The following are the arrangements for in-term swimming lessons for year PP-Yr3 students.

**(Monday 4<sup>th</sup> November to Friday 15<sup>th</sup> November @ Gosnells Leisure World- 10 sessions-5 swim classes per day)**

In-term swimming lessons for PP-Yr3 students are integral to the Department of Education's Physical Education Program.

The benefit of in-term swimming is that the Department of Education covers the costs of swimming tuition, and parents only pay for pool entry and transport by bus. The following package includes three forms that must be completed and returned to your class teacher.

**1.** Parent Permission Form, **2.** Student Health Form, and **3.** In-term Swimming Enrolment Form (used by the Swimming Instructors at the *Gosnells Leisure World* for their organisation). The school retains the permission form, with the student health and enrolment forms handed over to the centre before the two-week swimming program. All student details must be filled out on separate forms; please do not combine all sibling details on one form.

#### Points to Note for Parents

- Students will travel by bus to the Gosnells Leisure World to the heated indoor swimming pool.
- Students will change into their bathers at school (bathers either brought in a plastic bag or worn underneath their school uniform) and are permitted to wear suitable footwear to the pool (in this case, thongs or slip-ons). Students must change to their regular footwear upon returning to school. Swimming goggles & caps are permitted; ensure your child's name is written on them.
- All students will be changed into their bathers at school to allow their teachers and EAs to assist them with changing and duty of care (safety and supervision). Students will take home their wet bathers and towels in their plastic bags. On their return by bus to school, students must wrap their towels around them and change back at school into dry uniforms and appropriate shoes.
- All swimming groups can order lunch. Some groups **may be unable** to purchase recess from the canteen due to canteen staff preparing the lunches at this time and will need to bring a light snack from home. Please see the school website closer to date about changes to recess and lunch.
- Students with long hair are requested to have it tied back. Students are not to wear jewellery or bring valuables to swimming lessons.
- **Students unsure of their swim stage (parents, please tick "Unsure, please grade" on the stage form) are assessed before allocation to a class.** Students who have attempted the same stage three times (in-term swim classes only) without passing must tick the appropriate box on the stage form and **attach copies of the last three certificates** showing these attempts.

#### Duty of Care

- Parents of a child who has a severe medical problem (epilepsy or diabetes, etc.) are encouraged to attend the swimming session when their child is swimming to assist in monitoring their child. These parents need to enter the pool through the front door of the pool complex and have their names marked off at the front desk of Gosnells Leisureworld. Please note in the section "Medical Details" if you can assist in monitoring your child's health so that arrangements can be made between the school and the swimming centre. Alternatively, please notify Mr Combes so we can arrange your attendance at the swimming centre.
- Supervision at the pool is shared between the pool and school staff. If students continually pose a hazard to themselves or others, they will be removed from swimming classes. Misbehaving students will be entered into the daily swimming file for a follow-up meeting with the school's deputies, who will inform the student's parents if necessary.
- Students removed from swimming for medical or behavioural reasons will only be able to receive a refund on pool entry costs at the school's discretion (as transport costs are a shared cost).
- These procedures will occur if a student needs the bathroom at swimming lessons.
  1. Students will ask their swimming instructor, who will notify a teacher that they need the toilet.
  2. The teacher will accompany and monitor the surroundings while the student uses the public toilets.
  3. The student will notify the teacher when finished and return to their swimming group.

#### What Each Student Should Bring for Swimming

- Come to school with bathers under school uniform or in a named, heavy-duty plastic bag. Remember your towel.
- Slip-on shoes or thongs to wear on the bus, as shoes can be left at school (optional). Students cannot wear thongs all day at school and must have regular school shoes to change back into on return to school.
- Please ensure ALL articles of clothing are marked with your child's name to avoid confusion when children are changing. If your child has asthma, please ensure they bring their puffer. These and all other medications will be held by the duty teacher at swimming for the duration of the class, then handed back to the student at the end of their swimming class or returned to the medical room.

#### Non-swimmers

- Students who do not attend swimming lessons will be supervised by teaching staff back at school with a work package supplied by their class teacher. Regular class programs may be modified for the duration of the swimming timetable.

#### Payments & Forms

- For organisational purposes, could **all forms be filled in and returned, along with a \$58.00 payment to the front office no later than FRIDAY, 25<sup>th</sup> OCTOBER.** However, earlier would be appreciated to assist with organisation.
- Money must be paid to the school by cash, EFTPOS, bank deposit, or the Qkr App.
- Spectators will be charged \$2.00 for each visit to the pool unless you have organised with the school you are attending to supervise your child on medical grounds. If you have any queries or concerns, please ring Mr Combes at Forest Crescent Primary on 9232 3550.

#### Class Swimming Times

- Allocated swim times & groups will be given to class teachers and posted on our website (under our calendar) closer to the swimming dates. Replacement swimming forms are found on the website under the swimming entry on the calendar.



# Student Health Form STRICTLY CONFIDENTIAL



This information, which is required for each student participating in school swimming lessons, will assist the school and supervising teachers in preparing and planning the swimming program.

Unless conditions are listed and the form is returned, swimming staff cannot take responsibility for medical conditions they are unaware of.

### STUDENT DETAILS

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

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 their safety during the excursion

Yes No

If "yes", please give details:

\_\_\_\_\_

\*\*\*If your child has any of the above medical conditions, we would prefer a parent or guardian to supervise when your child is at the pool. Parents supervising their child for medical purposes don't have to pay spectator fees.

#### Parental/Guardian Supervision

Due to my child's medical conditions, I can attend swimming to provide supervision. Yes  No

#### Is your child allergic to:

(Please give details)

Penicillin	<input type="checkbox"/>	_____
Any other drug	<input type="checkbox"/>	_____
Any food	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

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 swimming.

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 the 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 swimming to provide better care for your child.

### Parent Permission Form

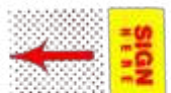
I give my child \_\_\_\_\_ in Room \_\_\_\_\_ permission to travel by bus to attend in- term swimming classes at Gosnells Leisure World commencing on Monday 4th November to Friday 15th November.  
(Full Name PRINT BLOCK LETTERS)

I agree to inform the organisers of any change to my child's health and fitness before the scheduled departure.

I agree to inform the organisers of any change to my child's health and fitness before the scheduled departure. Where it is not practical to communicate with me, I authorise the school teachers to consent to my child receiving such medical treatment as may be considered necessary.

I am aware that Department of Education insurance does not cover personal accidents through misadventure or loss or damage of personal belongings. **I give permission for my child to travel on a bus with or without seatbelts.**

Signed \_\_\_\_\_ Date \_\_\_\_\_



# Interm Swimming ENROLMENT FORM



Government of Western Australia  
Department of Education

## TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

(Full Name PRINT BLOCK LETTERS)

Room Number: \_\_\_\_\_ permission to attend the Department of Education's In-term Swimming classes at **Gosnells Leisureworld** commencing on **Monday 4<sup>th</sup> November** and enclose payment of **\$58.00**. (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 their safety or require the school to provide learning adjustments?

( ) 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 school well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

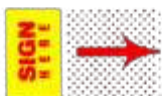
I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

Stage No		
1	Beginner	8 Water/SurfWise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive/Surf Stage 10
4	Water/Surf Introduction	11 Swim & Survive/Surf Stage 11
5	Water/Surf Safe	12 Snr Swim & Survive/Surf Stage 12
6	Junior	13 Wade Rescue/Surf Stage 13
7	Intermediate	14 Accompanied Rescue/Surf Stage 14
		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 the last three Department of Education certificates.**



Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_  
(Parent/Guardian)