

## **PLUMPTON PUBLIC SCHOOL**

33 Bottles Road, Plumpton NSW 2761 T: 9832 2466 or 9832 2477 E: plumpton-p.school@det.nsw.edu.au



## **PERMISSION LETTER**

SCHOOL SWIMMING and WATER SAFETY PROGRAM for students in Years 2, 3 & 4 12/08/2019

Dear parents and caregivers,

Each year, our s	chool makes arrangements to include a le	earn to swim program in the sc	hool curriculum.		
WHO:	The program is for weak swimmers in Years 2, 3 & 4 – students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim 25m confidently and unaided in deep water, are eligible to participate.				
WHERE:	Mount Druitt Pools, 7 Mount Street Mount Druitt NSW 2770				
DATE:	Each day from <b>Monday 2<sup>nd</sup> December - Friday 6<sup>th</sup> December</b> (Term 4, Week 8)				
TIME:	Students must be at school at 8.30am to meet Miss Elvy in the 3E classroom. Students will leave by 8.45am and will have their recess when they arrive back at school at 11.30am.				
COST:	\$40.00 to cover transport and pool entry – swimming instruction is free for students.				
WHY:	It is important that our students learn water safety and survival skills so they can continue to enjoy aquatic activities and be safe around water.				
WHAT:	An intensive 5 day learn to swim program with a Certificate of Achievement awarded to students on completion of the program.				
HOW:	Students travel to and from the venue by bus.				
SUPERVISION:	Miss Elvy and Mrs Charles will accompany the students, to assist the fully qualified swimming instructors. If you need to contact your child urgently, please phone the school.				
CLOTHING:	Swimming costume, underwear, towel, sunscreen and warm clothing for cool days.				
OTHER:	All sessions are conducted in a heated outdoor pool. Please note that payments are non-refundable.				
	PAYMENT SO	CHEDULE:			
2nd paymen	or 1st payment of \$10 <b>must be received</b> t \$15 due by: yment \$15 due by:	<b>I by</b> : Friday, 23 <sup>rd</sup> August Friday, 27 <sup>th</sup> Sept. Friday, 1 <sup>st</sup> November	Term 3, Week 5 Term 3, Week 10 Term 4, Week 3		
<u></u>	health note and payment must be return		y, 23 <sup>rd</sup> August 2019		
Yours sincerely		·			
Miss Elvy Coordinator	(:EMMy Ms M Princ	1 Larkin (T) (Q) (1) ipal			
se contact Miss	<b>Elvy</b> if you have any questions regarding th	is program.			
I give permission for my child: of class:					
	ol Swimming & Water Safety Program, eac		· · · · · · · · · · · · · · · · · · ·		
☐ I have enclos	ed full payment of \$40 <b>OR</b> 🗌 1st payr	ment of \$15 with full amount to	o be paid by 1/11/19		
I understand tha	t my child will be travelling to and from the	e venue by bus.			
•	edical conditions or allergies: t my child will receive medical treatment in	the case of an emergency.			
Parent/Caregive	name (please print):	Signed:			
Contact number	(in case of emergency):	Date:			



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## STUDENT HEALTH NOTE

Please complete this form -	– it may be us	sed by school or medical personnel if needed – details
will remain confidential.	ACTIVITY:	SWIM SCHOOL 2019
PLEASE PRINT:		
Student name:		Class.

Existing medical conditions in	cluding any present illnesses	
If your child requires medicati	on during the day, please gi	ve details
Emergency contact details Parent/Carer name:	Phone number:	Relationship to child:
Parent/Carer name:	Phone number:	Relationship to child:
Other emergency contact:	Phone number:	Relationship to child:
	<del>-</del>	con Primary School my permission to will be notified as soon as possible.
Parent/Carer name:(Pleas	ture:	