



Good Shepherd Catholic School

— Lockridge —

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Dear Parents/Guardians,

Students in Years 1 to 6 will be attending swimming lessons at Bayswater Waves during Week 1 and 2 of Term One 2019, **Wednesday 6 February – Friday 15 February.**

Students are permitted to wear their PE (light blue) or SPORT (house coloured) uniforms over this two week swimming period. The children will be required to change into their bathers at school and out of their bathers once they return to school. All students will attend the pool with their year level at the allocated time, even if they are not swimming on that particular day.

It is recommended that all students bring a separate bag with the following requirements: **Bathers, towel, Drink bottle, Slip on shoes eg thongs, goggles if desired**

Should parents come to the pools and watch their children, we ask you to respect the importance of the lessons and minimise any disruptions to the children or the swimming instructors when they are in care of the students. Good Shepherd staff will be present and available at the pools for the duration of the lessons. Please note, no food is to be given to the children at the pools.

Any adjustments that need to be made to swimming stages due to lessons being taken over the holidays will be made on the **return to school** in the New Year.

Please fill in the **Interm Swimming Enrolment Form** attached and hand to class teachers by 1 December 2018.

Mr Blatchford
Sports Coordinator



Government of Western Australia
Department of Education

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: ____ School: Good Shepherd School

(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at Bayswater Waves

commencing on 06/02/2019 and enclose payment of \$ NIL (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 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.

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 last three Department of Education certificates.**

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