



HORNSBY SOUTH PUBLIC SCHOOL

31 August 2009

Dear Parent/Caregiver



SCHOOL SWIMMING SCHEME 2-13 NOVEMBER 2009

Arrangements are being made to include a 'learn to swim' program in our school curriculum.

The Department of Education and Training School Swimming Scheme is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The scheme is conducted over ten days. Each daily lesson is 45 minutes.

Students who have not reached a satisfactory standard of water safety and survival skills, and are unable to swim confidently 25m unaided in deep water, are eligible to participate in the School Swimming Scheme. The scheme is considered compulsory for all students in Years 2 and 3 but provides for weak swimmers in Years 4 to 6 as well as students with special needs such as new arrivals in Australia and students with disabilities.

Instruction will take place at Hornsby pool.

The scheme will continue daily for two weeks from 2/11/09 until 13/11/09. There will be no charge for instruction.

The cost of the program will be \$65.00 which is for transport and pool entry.

Students will be assessed during the School Swimming Scheme for all water safety skills without wearing goggles.

It is important that we know exactly how many children will be attending. Please complete the permission note and **return it to the silver box outside Mrs Merryfull's office with a \$15 deposit only by Friday 11 September. The balance will be due by Friday 2 October. A reminder will be sent to participating students.**

T Inder
Coordinator

R Stirling
Principal

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SCHOOL SWIMMING SCHEME CONSENT FORM

(Please return to **silver box outside Mrs Merryfull's office by Friday 11 September 2009**)

I hereby consent to the attendance of my son/daughter
class at the School Swimming Scheme classes to be held at Hornsby Pool from 2/11/09 – 13/11/09.

Travel will be by bus. The cost for the 10 day program is \$65.00. **My deposit of \$15 is enclosed.**

In the event of injury or illness I also authorize (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg allergies, sensory impairment etc):

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Parent/Caregiver Signature:

Date: