



Wollongong West Public School

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Permission Note to Participate in Learn to Swim Classes in 2018

Your child is invited to participate in a 30 minute swimming lesson each week during Terms 1 and 4, 2018. Students will receive small group instruction by a qualified swimming instructor employed by Toni's Swim School. Children will be grouped according to individual need and ability. Your child will remain under the care and supervision of his/her class teacher during the lesson.

Children are asked to bring their swimming costume to school. In a separate bag, children are asked to bring a change of underwear, goggles, swimming hat and towel. All children will change before and after the lesson in a room with children of the same gender. Children will change under the supervision of their classroom teacher. Younger students may have parent/carer volunteers assist with supervision during changing. All parent volunteers must visit the office to sign in and present proof identity prior to assisting with changing.

All lessons will occur on school grounds in our school owned swimming pool, leased by Toni's Swim School. There will be no financial cost for families.

Please see our school website to view the document *Guidelines for Aquatic Activities* for further information.

Please return the permission note below to ensure your child can participate in this valuable program throughout 2018.

Kind regards,

Michelle Barnes
Principal

Learn to Swim Classes in 2018

Child's Name _____

Class _____

Please tick

() My child is **permitted** to go in the water; or

() My child is **not permitted** to go in the water .

Please tick

() My child is a **non swimmer**: My child is unable to swim;

() My child is a **weak swimmer**: My child is comfortable and confident in shallow water but cannot swim very well;

() My child is an **average swimmer**: My child is a reasonable swimmer but is not very strong or confident in deep water; or

() My child is a **strong swimmer**: My child is a strong swimmer and is very confident in deep water.

Please tick

() I authorise medical aid be administered to my child if considered necessary by the supervising teacher.

Medical condition / disability for my child _____

Parent / Carer Signature _____

Date _____