



St Cecilia's Catholic Primary School

05 February 2024

Dear Parents and Guardians

TERM 1 IN-TERM SWIMMING PROGRAM

This term, our school will be taking part in the Education Department In-term Swimming Program at the South Hedland Aquatic Centre during Weeks 3 and 4 (Mon 12 Feb – Fri 23 Feb). These lessons will be for students in all classes from PrePrimary to Year Six and will take place every day (except Mon 19 Feb). Please note: We are waiting on confirmation for lesson times. Each of these lessons will be taught by qualified AUSWIM instructors and students will be graded in the same way as the Education Department VACSWIM program.

The cost for bus travel and pool entry will be included in your child's school fees.

The Department of Education require an enrolment form to be completed for each student. This form is attached below and **must be completed and returned to the school by Friday 9 February**. Please refer to your child's last Ed Department certificate to identify what stage they are going for. Do not guess their stage or refer to other swimming program certificates, if you are unsure, please tick **Unsure please grade** on the form. This form must be signed and dated, as a legal requirement. Thank you.

If you have any enquiries, please contact me via email: Kristine.lee@cewa.edu.au or SEESAW.

Kind Regards,
Kristine Lee-Gowland
Health & Physical Education



Government of Western Australia
Department of Education

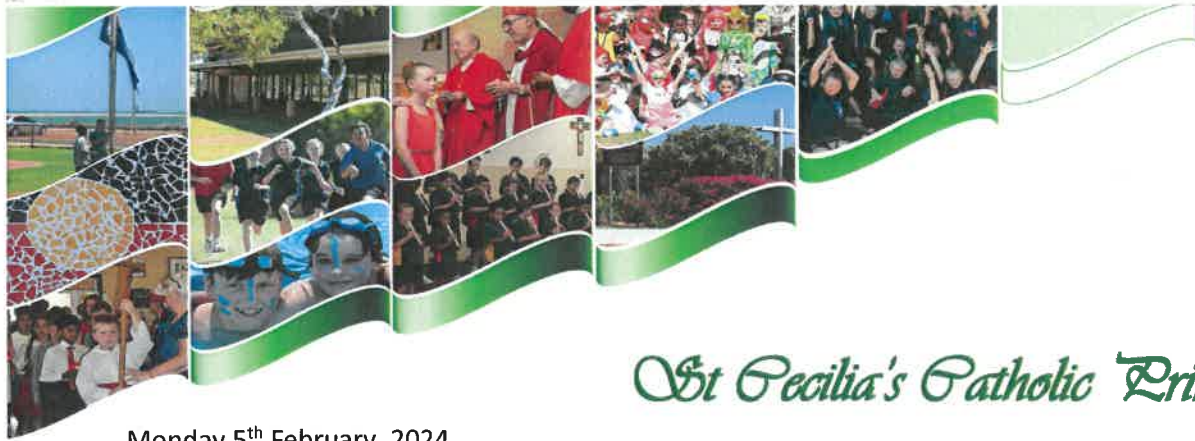
Intern Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child	(Full Name PRINT BLOCK LETTERS)	Age	School																	
Room Number	permission to attend Department of Education's Intern Swimming classes at																			
Commencing on	/ /	Enclosed is payment of \$	(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? <input type="checkbox"/> NO <input type="checkbox"/> YES Please provide further information below if necessary**																				
Please provide details of medication currently being taken (if applicable):																				
Is there any other information swimming staff should be aware of to enable your child to fully participate in Intern Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL.																				
*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 swimming lessons to discuss appropriate learning adjustments.																				
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																				
<table border="1"> <tr> <th>Stage Number</th> <th></th> </tr> <tr> <td>1. Beginner</td> <td>8. Water/Surf Wise</td> </tr> <tr> <td>2. Water/Surf Discovery</td> <td>9. Senior</td> </tr> <tr> <td>3. Preliminary</td> <td>10. Jnr Swim & Survive/ Surf Stage 10</td> </tr> <tr> <td>4. Water/Surf Introduction</td> <td>11. Swim & Survive/ Surf Stage 11</td> </tr> <tr> <td>5. Water/Surf Safe</td> <td>12. Snr Swim & Survive/Surf Stage 12</td> </tr> <tr> <td>6. Junior</td> <td>13. Wade Rescue/ Surf Stage 13</td> </tr> <tr> <td>7. Intermediate</td> <td>14. Accompanied Rescue/ Surf Stage 14</td> </tr> <tr> <td></td> <td>15. Bronze Star (pool only)</td> </tr> </table>	Stage Number		1. Beginner	8. Water/Surf Wise	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	<input type="checkbox"/>
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	Unsure please grade	<input type="checkbox"/>																		
	My child has attempted this 'going for' stage three times in Department of Education classes without passing Please attach copies of last three (3) Department of Education certificates.	<input type="checkbox"/>																		
Signature:	Parent daytime phone number:	Date:																		
(Parent/Guardian)																				

Intern Swimming Enrolment Form V3 Nov 18

Faith Family Friendship



St Cecilia's Catholic Primary School

Monday 5th February, 2024

Dear Parents/Guardians

Please complete the slip below to give permission for bus travel during In-Term Swimming Lessons 12th Feb- 23rd Feb (excluding Monday 19th Feb).

Yours sincerely

Kristine Lee-Gowland
PE Teacher

HEDLAND INTERM Swimming BUS PERMISSION

I, _____, give permission for my child,

_____, to travel by bus to the South Hedland Aquatic Centre, from 12th Feb- 23rd Feb (excluding Monday 19th Feb).

Signed: _____

Date: _____

Faith Family Friendship