



Excursion Name: Intensive Swimming Scheme - Year 3	
Venue: Trinity Swim Centre	Cost: \$20.00
Date: Monday, 28 October to Friday, 1 November	Transport: Bus
Departure Time: 11:25am	Return Time: 2:15pm
Teacher in charge: Glenn Maxwell	Return permission note by: Thursday, 24 October

Excursion Information: The Intensive Swimming Scheme for Wyrallah Road PS will take place over a five-day period commencing Monday, 28 October 2019 until Friday, 1 November 2019. This year the students will participate in 2 lessons per day. Our school trialed this approach last year and it has proven to be very beneficial in reducing costs and enhancing the students' learning.

This program is for **all** children in Years 2 and 3 irrespective of whether they can swim 50m or not. The program teaches competent swimmers in Years 2 & 3 water safety skills and water safety techniques that will help all students when near, around or in the water. Wyrallah Road PS prides itself on having all children water safe by Year 6 and we strongly recommend that your child participate in this program.

This year the cost has also been further reduced thanks to the Sporting Schools Grant. It should be noted that this may not be available in future years.

Please note that there are NO REFUNDS unless the child misses all 5 days.

Equipment List: Listed below is the essential equipment each student needs to have with them on the excursion.

- **Lunch, Towel, Swimmers, Rash Shirt, Goggles and Plastic Bag, (for wet swimmers and towel)**

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 I hereby give consent to my son/daughter/ward _____ of _____
(Full Name) (Class)
 to participate in the Intensive Swimming excursion.

I accept that my child is expected to behave in an appropriate manner and I have explained this to him/her. I understand that any specific medical information held by Wyrallah Road Public School will be provided to the organising teacher. In the event of any accident or illness I authorise the teacher to obtain any medical assistance and/or ambulance that my child may require, including the administration of an anaesthetic if deemed necessary by the medical officer in charge. I understand that transport for this excursion is by bus.

Signature of Parent/Caregiver: Date: / /

PAYMENT – please select your payment method.

CASH: \$..... enclosed

POP: I have made a payment online. My receipt number is: