



BAMBARA PRIMARY SCHOOL

30 GOSSE ROAD
PADBURY 6025

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21 August 2017

Dear Parents and Caregivers

Our students from Pre-Primary to Year 6 will be participating in swimming lessons from **Monday 11 September to Friday 22 September 2017 at Craigie Leisure Centre.**

Buses will transport students to Craigie about 15 minutes prior to their lesson and they will return to school about an hour later. Students will return to school to change clothes after their lesson.

Pool entry and bus costs will be \$41 per child. Please note that parents are charged a spectator fee of \$2.00 at Craigie Leisure Centre. Payment is required by **Friday 8 September 2017** in order to finalise numbers. Should your child be ill during swimming lessons, we are only able to refund the pool entry cost of \$2.70 per day. **Bus costs cannot be refunded.**

Swimming lessons are an integral part of the Physical Education program and we encourage all students to participate. **Parents and Carers are asked to return the attached Enrolment Form and the payment to the office by Friday 8 September 2017.**

Payment Options:

1. Cash (please send in correct money as we do not have a float for change).
2. Cheque: payable to Bambara Primary School.
3. Direct Bank Deposit: bank details are:
BSB: 066-160 Account: 1106-1066
PLEASE NOTE OUR BANK DETAILS HAVE CHANGED
4. EFTPOS (including credit card) through the front office.

Credit Card: complete the information on the payment envelope provided and return to the office. All credit card information is securely destroyed after processing.

Shelley Smith
Deputy Principal



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____

(Full Name PRINT BLOCK LETTERS)

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

commencing on _____ / _____ / _____ and enclose 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? 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	8	Water/SurfWise
1	Beginner	9 Senior
2	Water/Surf Discovery	10 Jnr Swim & Survive/Surf Stage 10
3	Preliminary	11 Swim & Survive/Surf Stage 11
4	Water/Surf Introduction	12 Snr Swim & Survive/Surf Stage 12
5	Water/Surf Safe	13 Wade Rescue/Surf Stage 13
6	Junior	14 Accompanied Rescue/Surf Stage 14
7	Intermediate	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)