



ANSON STREET SCHOOL
ORANGE

"independence through learning"

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SCHOOL SWIMMING SCHEME

Dear Parent / Carer

Arrangements have been made to include a learn to swim program in our school curriculum.

The Department of Education's 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 25m confidently unaided in deep water, are eligible to participate in the School Swimming Scheme.

Instruction will take place at Orange Aquatic Centre. The scheme will continue **daily for two weeks** from 19th November to 30th November. There will be no charge for instruction. The only cost will be pool entry each day at a total cost of \$20.00 for the 10 days (the school is subsidising this cost). If your child has a Pool Pass or Fitness Passport a photocopy of the pass will be required.

Each child should bring a swimming costume, a towel, a shirt, a hat and warm clothing on a cool day. It is recommended that students use adequate sun protection, eg. an SPF 30+ broad spectrum, water-resistant sun screen reapplied regularly. A T-shirt or rash shirt is also recommended and goggles if required.

If you would like your child to participate in the scheme, please complete and sign the form below and return it to your child's class teacher **by Thursday 8th November 2018**.

Organising Teacher: K.Priest

Principal: M.Meers

Date: 30th October 2018

Return this section to the school by: **Thursday 8th November 2018**

2018 SCHOOL SWIMMING SCHEME CONSENT FORM

I hereby consent to the attendance of my son/daughter _____ at the School Swimming Scheme classes to be held at Orange Aquatic Centre from 19th November to 30th November 2018.

I understand that travel will be by school bus and the cost is \$20.00 for 10 days (unless a fitness passport or pool pass is provided to the school).

In the event of injury or illness, I also authorise (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):

Signed: _____

Date: _____

TO BE RETAINED AT THE SCHOOL

Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely. Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sport Unit: Website