SCHOOL SWIMMING AND WATER SAFETY PROGRAM

A MESSAGE TO PARENTS/CAREGIVERS

Arrangements have been made to include swimming instruction in the curriculum for boys and girls in our Special Education Unit.

The Department of Education & Communities’ School Swimming and Water Safety Program is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival.

**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 and Water Safety Program.**

Instruction will take place at Gosford Olympic Pool under the instruction of qualified teachers. The Program will continue daily for two weeks from Monday 10 August 2015 – Friday 21 August 2015 (Weeks 5 and 6, Term 3). The total cost for the 10-day Program is $36.00. This cost is only for daily entry into the pool as instruction is free and transport is by private car.

There are 20 spaces for children this year and instruction will be in small groups. We feel it would benefit all the children to participate in this activity.

A deposit of $18.00 to be made with this form by Friday 24 July 2015 (End of Week 2, Term 3) will secure a place in the Program. Further payment of $18.00 must be received by Friday 7 August 2015 (End of Week 4, Term 3).

If your child is eligible for the Program, complete and sign the form below and return it to the office.

**RETURN THIS SECTION TO THE SCHOOL OFFICE BY FRIDAY 24 JULY 2015**

**PERMISSION NOTE**

I hereby consent to the attendance of my son/daughter _____________________________ of class ____________ at the School Swimming and Water Safety Program classes to be held at Gosford Olympic Pool from Monday 10 August to Friday 21 August. Travel will be by private car. **Total cost for 10 day program is $36.00**

In the event of injury or illness, I also authorise the seeking of such medical assistance on my behalf that my child may require.

Special needs of my child of which you should be aware (eg. Allergies, sensory needs, etc):

Signed________________________________________  Date___________________________

Parent/Caregiver