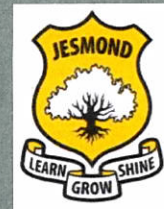


# Jesmond Public School

Diversity Opportunity Success

Ralph Street Jesmond NSW 2299 T 02 4957 2605 F 02 4956 2451

Email: jesmond-p.school@det.nsw.edu.au Web: www.jesmond-p.school.nsw.edu.au



Dear Parent / Caregiver,

A Department of Education School Swimming and Water Safety Program has been organised for all Years 2-6 students. Information is as follows:

<b>Excursion activity:</b>	The Department of Education 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. This Program is conducted over six Fridays. Each of the six lessons is 60 minutes.
<b>Venue:</b>	Arnold's Swim Centre at The Junction (an indoor pool)
<b>Date:</b>	Every Friday in Term 3 from Week 1 to Week 6 22/7/22, 29/7/22, 5/8/22, 12/8/22, 19/8/22 and 26/8/22 (six consecutive Fridays)
<b>Classes involved:</b>	All students from Years 2-6. It is expected that all students attend.
<b>Cost:</b>	<b>FREE</b> Mrs Kelly has organised for the school to fund these lessons through a School Swimming & Water Safety Grant. The school will be covering the cost of the bus.
<b>Organisation:</b>	Years 2 – 6 students will be organised into two groups. Group 1 (Year 2 and 5D) will leave school at 12 noon and return to school at approximately 2.00pm. Group 2 (3/4K, 3/4W and 5/6A) will leave school at 1.00pm and return to school at approximately 3.00pm. Students will participate in 6 x 60 minute swimming lessons on Fridays in Weeks 1-6.
<b>Travel will be by:</b>	Students will travel by bus with seatbelts.
<b>Please provide:</b>	<b>Swimmers/swimming costume, towel, goggles (highly recommended), a plastic bag, underwear and a rash shirt/T-shirt. Students are to wear their swimmers to school, with their school uniform worn over the top.</b> There is no time for students to get dressed into their swimmers at the swimming centre. <b>A rash shirt/T-shirt must be worn in the water, students cannot have their shoulders exposed.</b> Please provide a <b>school jumper</b> as students are often cold after long periods of swimming. Please <b>ensure all items are labelled</b> , including <b>socks and underwear</b> , so any missing items can be returned to your child if lost or misplaced.

Should you have any questions please telephone the office and Miss King will return your call.

Please return the attached permission note and return it to school by **Friday 1 July 2022**.

Miss Sheree King  
Oranising Teacher

Mrs Deborah Kelly  
Principal

**Please complete all of the below information and return to school by  
Friday 1 July 2022.**

I give / do not give (please cross out whichever does not apply) permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to travel by bus to Arnold's Swimming Centre and participate in the Intensive Swimming and Water Safety Program on Fridays from Week 1 to Week 6 in Term 3. I understand that during the swimming lessons there may need to be contact between the instructor and my child to ensure their safety and support them to learn to swim.

*Please indicate which of the following is true for your child:*

- My child has never had swimming lessons.
- My child used to attend swimming lessons and reached \_\_\_\_\_ level.
- My child currently attends swimming lessons and has reached \_\_\_\_\_ level.

I confirm that my child's medical information has not changed since Feb 2022 (please fill in a new Medical Information Form to indicate any recent changes). My child has/is \_\_\_\_\_ (medical condition/allergies etc) and the school holds current information/ASICA Plans for this.

**Please supply your Medicare No.** \_\_\_\_\_ **and Expiry Date** \_\_\_\_\_

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

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

Parent/carer name: \_\_\_\_\_

***Please supply Emergency Contact Details in the event we need to contact you whilst at Swimming.***

Parent/Carer/Emergency Contact Details

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_