



SWIMMING 2016 - SECOND HALF TERM TWO

To Parents of Children in: SWIMMING GROUP 1: P/3 (11:30), P/5 (12:00), 1/18 (12:30), 2/19 (1:00)

All schools are expected to provide swimming as a strand within their Physical Education and Health Program. We're fortunate that we have an ideal training facility on site.

Each year's program at LPPS is, of course, part of our seven year sequential development program of water awareness and swim skill development culminating in the two senior years of AQUA PACKAGE excitement for all children whilst providing opportunities for SWIM SQUAD COMPETITION at district, zone, state level for some children. Dates are listed below for Semester One.

GROUP 1: THURSDAYS: 26th May and 2nd, 9th, 16th and 23rd June

The costs associated for entry and instruction for Semester One will be \$40 which is required to be paid by the due date. Since instructors are hired for the entire series and must be paid weekly, refunds for missed weeks will not be possible unless the circumstances are exceptional (by approval of the Principal).

Payment, together with the "Response Slip", will need to be returned by Tuesday 10th May

RON SKIDMORE
Assistant Principal

SUE BURT
P.E. Co-ordinator



**LANGWARRIN PARK PRIMARY SCHOOL SWIM CENTRE
SWIMMING – SECOND HALF TERM TWO - 2016**

I give permission for _____ of Grade _____ to attend the swimming instruction to be conducted in the LPPS Pool during Semester One.

I authorize the teacher in charge of the activity to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

List any medical condition which needs to be known in regard to swimming:

PAYMENT METHOD FOR THE \$40 (Please tick appropriate box)

- Paid with Essential Education Items at beginning of year.
- QKR (Preferred payment option) Rec No. _____
- BPay (this option takes 3 days to clear) Rec No. _____
- Allocate credit from family school account CSEF
- Eftpos – at Finance Office
- Cash/Cheque – student gives to classroom teacher.

Payment must be finalised by the due date for your child to participate.

(Signed) : _____ (Parent / Guardian)

Emergency Contact No. : _____ (for the swimming days)