White Gum Valley Primary School

29 Hope Street
White Gum Valley WA 6162
☎ 08 9435 6900
http://www.whitegumvalleyps.wa.edu.au

Room 7 and Room 8
Monday 3 August to Friday 14 August

Dear Parents/Caregivers,

White Gum Valley Room 7 and Room 8 students will have the opportunity to participate in swimming lessons at Fremantle Leisure Centre during Weeks 3 and 4 of Term 3.

The cost for 10 days of pool entry and bus is $81.50

Lesson Times	Room Numbers	Bus Times (approx...)
Lesson 1: 12:40- 1:20	PP and Year 1 – Room 7 Year 3 – Room 8	Leaving school 12:25pm and returning 1:35pm approx.

Swimming is part of the students' Physical Education Program and we strongly encourage all students to participate.

If you wish to pay the combined bus and pool entry cost over a number of instalments, please contact Ms Dodd, our Manager Corporate Services, to discuss payment options.

Requirements for each lesson and general requests:

- *Towel*
- *Labelled Goggles (optional but recommended)*
- *Labelled plastic bag for wet clothes*
- *Bathers*
- *Rashie - if required*
- *Tie long hair back*
- *Take off jewellery for safe keeping*
- *Slip on shoes or thongs (labelled)*

ATTENTION:

Please label all of your child's clothing.

Please complete and return the attached **In-Term Swimming Enrolment Form** and **School Consent Form** and return to the administration with the **$81.50 fee by 31 July 2026**. Alternatively, our preferred method of payment is directly in to White Gum Valley Primary School bank account: **BSB:** 066 107 | **Account Number:** 0090 1498 | **REF:** Students SURNAME & **SWIM**.

Regards,

Rosalind Byrne
Deputy Principal

Government of Western Australia
Department of Education

INTERM SWIMMING ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School White Gum Valley Primary School
(Full Name PRINT BLOCK LETTERS)

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

Commencing on ___/___/_____ Enclosed is 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 below if necessary**

_____

_____

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons. (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

_____

_____

**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 swimming lessons to discuss appropriate learning adjustments.*

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 Number	8. Water/Surf Wise
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 (3) Department of Education certificates.

Signature: ____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)

.....✂.....✂.....

TAKE PRIDE WHITE GUM VALLEY PRIMARY SCHOOL

White Gum Valley Primary School

PERMISSION SLIP – IN-TERM SWIMMING

I have read and understood the information regarding this Excursion and I understand my child will be travelling by private bus.

I give my child _____permission to attend Swimming lessons at *Fremantle Leisure Centre* from **Monday 3rd August to Friday 14th August 2026**

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving medical assessment and treatment as may be considered necessary. I am aware that the Education Department insurance does not cover personal accidents through misadventure, loss or damage of personal belongings.

Parent Name: _____ Parent Signature: _____

Contact Ph. No:_____ Date: _____

The following details have changed from those currently recorded on my child's Medical Form:

_____

_____

Medication (if required): _____