

**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give my child |  | Age |  | School | WEST GREENWOOD PRIMARY SCHOOL |

(Full Name PRINT BLOCK LETTERS)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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\*\* | | | | |
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| 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 | | | | | | | | | | | | | | | | | |
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| *\*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 | | 1. Water/Surf Discovery | 10.Jnr Swim& Survive/ Surf Stage 10 | | 1. Preliminary | 11.Swim & Survive/ Surf Stage 11 | | 1. Water/Surf Introduction | 12.Snr Swim & Survive/Surf Stage 12 | | 1. Water/Surf Safe | 13 Wade Rescue/ Surf Stage 13 | | 1. Junior | 14.Accompanied Rescue/ Surf Stage 14 | | 1. 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: |  | |
| ✀ Interm Swimming Enrolment Form V3 Nov 18 | (Parent/Guardian) | | | | | | | | | | | | | | | | |
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| I give my child |  | Age |  | School |  |

(Full Name PRINT BLOCK LETTERS)

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| 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\*\* | | | | | |
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| Interm Swimming Enrolment Form V3 Nov 18 | (Parent/Guardian) Interm Swimming Enrolment Form V3,Nov 18 | | | | | | | | | | | | | | | | |