



Samuel Gilbert Public School

22 October 2008

Dear Parents,

SCHOOL SWIMMING SCHEME 2009

As part of our School Physical Education program, Year 2 will be participating in the Department of Education and Training's School Swimming Scheme. This year the Scheme is also being offered to Year 3 and 4 students who are not yet confident 25 metre swimmers.

The Scheme will be held over two weeks from Monday, 16 November to Friday, 27 November at Riverstone Pool. We will be attending for **ten** days.

The Scheme will involve travel by bus and the total cost of the bus fare and pool entry will be approximately **\$70.00** per student depending on the final number attending. There is no charge for the swimming instruction supplied by DET School Swimming Scheme teachers..

Each child should bring a swimming costume, two towels, one for poolside and one for drying, an old warm top for cool days and, of course, sunscreen. A strong, waterproof bag that can be closed is necessary, with a plastic bag for wet costumes. A t-shirt or rash shirt is also recommended. Goggles and swimming caps are not necessary. Every item of clothing, including their uniforms, shoes and socks and underwear, **MUST** be clearly labelled. Girls should wear long hair tied back and no jewellery.

To gain the most benefit from the Scheme, children should attend every day.

Please return the signed permission note attached by Wednesday, 28 October.

Regards,

Year 2 Teachers

Donna Harris, Relieving Principal

SAMUEL GILBERT PUBLIC SCHOOL

PERMISSION TO ATTEND

SPECIAL SWIMMING SCHEME

I hereby consent to the attendance of my son/daughter _____
of class _____ at the Special Swimming Scheme classes to be held at Riverstone
Pool from **Monday, 16 November to Friday, 27 November 2009**.

I understand that travel will be by bus to and from the venue and agree to pay for this
activity when invoiced in Term 4.

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 (e.g. allergies, sensory
impairment etc.):

This activity has the approval of the Principal.

SIGNED: _____ Parent/Guardian

DATE: _____