



## ALBANY PRIMARY SCHOOL

*"Strive to Achieve"*

Suffolk Street, Albany WA 6330  
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### INTERM SWIMMING LESSONS 2017

Dear Parents,

Please note this important information regarding the **Interm Swimming Program** which will commence in week 1 of next term. Interm Swimming is an important part of the school curriculum and therefore all students are expected to attend. Please encourage your child to engage in this very worthwhile activity.

We may have one group that has a few too many students to go on one bus. If this occurs we will use alternative transport for a small group. This may include using private transport and/or Albany Maxi Taxis. We will be providing an additional Permission Slip should we need to adopt this strategy.

As the swimming instructors will be undertaking professional development on Monday, July 17, the students will be participating in nine lessons instead of the usual ten.

We will be promoting the value of the swimming lessons when we meet with the students over the next fortnight. Please support us in our endeavours. If payment is an issue please come in and discuss this with us as we may be able to assist in some way.

If you have any queries please do not hesitate to contact the office on 9842 7400.

**Weeks 1 and 2 - Tuesday 18 July to Friday 28 July 2017**  
**Rooms 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 21, 22, & 23**  
**Amount Due: - No Pool Pass - \$ 55.00**  
**- With Pool Pass - \$26.40 (Bus Fare only)**  
**9 days only**

Interm Swimming payments can be made via Direct Debit. Please clearly indicate your child's name in the description/reference area of your transaction.

Our banking details are:- BSB 016 510

Account Number:- 3408 81799

Alternatively you can still pay via EFTPOS, cheque or cash to the front office, not the classroom teachers.

**(PLEASE : NO PAYMENTS TO THE CLASSROOM TEACHER)**

Students with a current Photo ID Membership Card or valid Multi Visit Card need only pay the transport cost of \$26.40. Their ID number must be included on Form 2 or the full amount of \$55.00 will be charged. **These students must show their cards each day as they enter the pool or they will be charged the entry fee.**

A copy of the lesson timetable is attached for your information. If there are lesson time changes a note will be sent home with the relevant students.

Peter Bolt  
Deputy Principal

6 June 2017



# ALBANY PRIMARY SCHOOL INTERM SWIMMING TIMETABLE

Interm Swimming Time Table - Tuesday 18/7/17 - Friday 28/7/17  
Numbers based on 100% Attendance

Lesson No.	Room No. (Year Group) Classroom Nos. and Totals	Bus Leaves APS at	Lesson Commences	Lesson Ends	Bus Returns APS by
1	8 & 10 (Years 1 & 2) 21/22 = 43	9.15	9.35	10.15	10.35
2	5 & 6 (Years 1 & 3) 22/22 = 44	10.00	10.20	11.00	11.20
3	7, 9 & 21 (Years 2, 4 & 5) 19/20/29 = 68	10.45	11.05	11.45	12.05
4	4 & 23 (Years PP, 1, 3 & 4) 22/28 = 50	11.30	11.50	12.30	12.50
5	2 & 22 (Years PP 1 & 4) 25/29 = 54	12.45	1.05	1.45	2.05
6	3 & 13 (Years PP & 3) 25/24 = 49	1.30	1.50	2.30	2.50

**COST:** Bus Fare & Pool Entry \$55.00  
Bus Fare with Pool Pass \$26.40



Government of Western Australia  
Department of Education

Pool membership<sup>o</sup>

## Interm Swimming ENROLMENT FORM

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
(PLEASE PRINT BLOCK LETTERS)

Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at \_\_\_\_\_

commencing on \_\_\_\_\_ and enclose payment of \$ \_\_\_\_\_ (Learners 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 if necessary)\*\*

\*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 lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

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 No	Water/Surf/Wisc
1 Beginner	8 Senior
2 Water/Surf/Discovery	10 Snr 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 Wide 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 Department of Education certificates.

Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)