



FALLS CREEK PUBLIC SCHOOL

*26 Vidler Street,
FALLS CREEK 2540*

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Principal: Mr Clayton Stevenson

2 August 2022

School Swimming Scheme 2022

Dear Parents,

The Department of Education School Swimming Scheme is an intensive learn to swim program which develops water confidence and provides students with basic skills in water safety and survival. The scheme is conducted over ten days. Each daily lesson is 45 minutes in duration with qualified instructors.

This year Falls Creek Public School is making swimming a priority for all students in Years 2 to 6. The school is covering the cost for the bus travel. The cost for each student to attend will be \$30.00 for the 5 days. This covers the cost of the pool entry.

Falls Creek Public School staff will be accompanying the students to the pool while they attend the lessons.

This year the swimming scheme will be held at the Bomaderry Aquatic Centre and will run from Monday 12 September to Friday 16 September. Students will leave school at 8:55am sharp and return in time for recess.

Students must bring swimmers, a towel, and a plastic bag for wet items and warm clothing to change into. Children will be assessed for all water safety skills without goggles, although they may wear them for lessons. It is recommended that students wear their swimmers under their uniform when they come to school to avoid delays in the start of the lesson.

Financial assistance is available if required. Please contact the school for an application form.

Bonnie Kemp
Sport

PERMISSION NOTE MUST BE RETURNED BY FRIDAY 26 AUGUST

2022 School Swimming Scheme Consent Form

I hereby consent to the attendance of _____ at the School Swimming Scheme classes to be held at the Bomaderry Aquatic Centre from Monday 12 September to Friday 16 September, 2022. I understand that travel will be by bus.

I enclose \$30.00 which is the total cost of the Swimming Scheme. The school cannot be responsible for covering the loss of funds if the child does not attend, therefore there will be no refunds.

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical attention that my child may require.

Special needs of my child of which you should be aware (allergies, sensory impairment etc.):

Please find enclosed \$30.00

I have made payment online for \$30.00

Receipt No.

Signature of Parent/Guardian: _____ Name: _____ Date: _____