

13 February 2025

Dear Parents/Carers,



**Rockingham Beach**  
Education Support Centre

**Term 1 Swimming Lessons**

As part of our health and physical education curriculum program, students from Years 1 to 6 have the opportunity to participate in Term One swimming lessons. These lessons will be run by the swimming teachers at State Swim Kwinana, 6/46 Meares Avenue, Kwinana Town Centre. Staff from the Education Support Centre will be present at lessons.

For over 50 years, State Swim have delivered only the highest quality aquatic education programs, using a unique combination of progressive and intuitive teaching approaches. The special classes are kept small allowing for individual instruction and the facilities are private, which will help reduce anxiety for students. We believe that all the students will benefit greatly from this program.

**The cost is \$60.00 for Term 1 including transport by bus. This can be paid in full or instalments by contacting Leslie Eddy (9591 6714) prior to commencement of lessons in Term One.**

All students will be swimming on Wednesdays for Term 1.

- DATES:** Wednesdays: 05/03, 12/03, 19/03, 26/03, 02/04, 09/04.
- WHERE:** State Swim Kwinana, 6/46 Meares Avenue, Kwinana Town Centre
- TIME:** 10:00am – 1:30pm (see attached timetable)
- TRANSPORT:** By bus with seatbelts
- STUDENT NEED:** Bathers, towel, slides/thongs, underwear and a bag for wet bathers/towel
- COST:** **All Students - 6 lessons \$60.00 per student**

**Payment can be made in full or by instalments by one of the following methods:**

**Cash or EFTPOS in the ESC office.**

**Online Banking/Direct Debit**

- BSB: 066 159**  
**Account: 00903823**  
**Bank: CBA**  
**Reference: (Swim & child's name)**

**Please return the attached forms on or before Monday, 24<sup>th</sup> February 2025.**

Please do not hesitate to contact me if you require any further information.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Julie Pullen'.

Julie Pullen  
**PRINCIPAL**



# Consent Form for 2025 Swimming Lessons at State Swim Kwinana



Rockingham Beach  
Education Support Centre

**Term 1 dates:** Wednesdays: 05/03, 12/03, 19/03, 26/03, 02/04, 09/04.

## Transport by Bus or Private Vehicle

### Parent Information Note:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

In the case of excursions not involving an overnight stay, costs incurred as a result of accident or illness is the responsibility of the parent/guardian.

The school camp/excursions insurance policy applies for approved camps/excursions involving an overnight stay. The policy covers students to a maximum of \$10,000 for medical and ancillary expenses where Medicare or private health insurance does not cover these costs.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

**\*\* Private Vehicle Clause:** In order to comprehensively ensure the safety of our students and allow them to access learning opportunities to the fullest extent, it may become necessary to transport your child in a private vehicle in the following circumstances:

- In order to maintain or re-establish student safety.
- In order to transport your child to or from an excursion in the event of a behavioural incident.
- In the event of an emergency as identified by a designated staff member of the school.
- A designated staff member of Rockingham Beach Education Support Centre will be identified to transport your child to or from an excursion in the event of a behavioural incident or emergency.
- I am aware that staff members are not responsible for injuries or damage to property which may occur during transit where, in all circumstances, staff have not been negligent.

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**PARENT / CARER CONSENT FORM FOR:      STUDENT:** \_\_\_\_\_

**CONSENT FORM FOR EXCURSION:** 2025 Swimming Lessons at State Swim Kwinana  
6/46 Meares Avenue, Kwinana Town Centre.  
Term 1, Wednesdays: 05/03, 12/03, 19/03, 26/03, 02/04, 09/04.

## Transport by bus or private vehicle

**TO BE RETURNED SIGNED TO THE SCHOOL BY: Monday, 24<sup>th</sup> February 2025.**

## PARENT CONTACT INFORMATION

**Parent/Guardians Name:** \_\_\_\_\_

<b>Home:</b> _____	<b>Work:</b> _____	<b>Mobile:</b> _____
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## Other Adult Emergency Contacts on the day:

**Name** \_\_\_\_\_

I have read and understood the information regarding the swimming lessons at the State Swim Kwinana, 6/46 Meares Avenue, Kwinana Town Centre on the advised dates for term 1 and I give my consent for my child \_\_\_\_\_ to attend. I have read and understand the **\*\* Private**

Vehicle Clause above.

**Term 1 payment due \$60 per student.**

**Payments can be paid via cash or EFTPOS to the ESC office or by online banking. If you would like to pay by instalments, please contact 9591 6714 to make arrangements prior to commencement of lessons.**

**BSB** 066 159      **Bank:** CBA      **Account:** 00903823      **Reference:** Swim & child's name

**Signature of Parent/Guardian:** \_\_\_\_\_      **Date** \_\_\_\_\_



2025

CONSENT FOR EXCURSIONS INCLUDING WATER-BASED ACTIVITIES AND HEALTH DETAILS



Rockingham Beach Education Support Centre

Strictly confidential

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Students Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of child's doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Table with 2 columns: Stage No., and two columns of stage descriptions (1-12).

My child has achieved Stage: [ ]
Unsure: [ ]
Comments: \_\_\_\_\_s\_\_\_\_\_

Note: Details of swimming ability related to the excursion. Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, eg. ocean, pools

Is your child subject to asthma, seizures, fits, fainting, epilepsy, diabetes or any other condition which may affect his / her safety during aquatic activities? Yes [ ] No [ ]

If 'yes' please give details \_\_\_\_\_

Unless such conditions are listed and the form returned, care for your child may not be as effective as required.

Table with 3 columns: Is your child allergic to, Yes or No, Give details. Rows include Penicillin, Any other drug, Any food, Other, Any special care required, Concern/Anxiety.

More details if needed: \_\_\_\_\_

Arrangements for the safekeeping and handling of medications must be made prior to all excursions.

Does your child take regular medication Yes [ ] No [ ]

Does your child self-administer the medication? Yes [ ] No [ ]

If 'yes' give details (dose, when, why) \_\_\_\_\_

I understand that this form is accompanies all future permission notes for any excursions throughout the year. I agree to inform the office of any changes during the year Phone: 9591 6777 or rockinghambeach.esc@education.wa.edu.au

I understand that staff will call the listed emergency contacts and/or seek medical assistance in the event of an incident/accident.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

