



**Baynton West**  
PRIMARY SCHOOL

Dear Parents/Caregivers

### **In Term Swimming Term 2**

To allow for our growing school in term swimming lessons will take place over a 6 week period in terms 2 and 4 at the Karratha Leisureplex. Each class will attend lessons over a two week period during this time.

The cost will be \$59 per child, this includes transport, pool entry and lessons. If your child has a membership to the Leisureplex, the cost is reduced to \$25 however they must bring their membership band every day they attend Term 2 swimming lessons.

This payment can be made online at <https://www.bpoint.com.au/payments/bayntonwestprimary> , in the front office (Eftpos is available) or on through the school App. If paying cash please ensure you have the correct money as the school does not carry cash. Please also see credit card slip attached if you would prefer to pay by credit card.

To help us plan the groups, we are asking you to complete the attached permission and enrolment forms and return it to school by Week 2 Term 2, **Friday 12 May 2018**.

To further assist with organisation, copies of swimming certificates are required for:

- Students who are new to Baynton West PS since swimming lessons in 2016, including those who moved from another Karratha school.
- Students in Year 1 enrolling above Stage 1.
- Students who have attended swimming lessons since Baynton West's lessons in Term 4 2017 eg Vac Swim or Leisureplex Swim School.

If you are unsure of the stage your child has achieved, please write 'unsure' next to the stage number achieved below.

Further details and timetables will be sent out early in term 2.

Yours Sincerely

Kate Mouda-Hughes  
Deputy Principal  
April 9 2018



Growth and inspiration

Marniyarra Loop Karratha Western Australia 6714 P 08 9185 3001 F 08 9183 8970



**Baynton West**  
PRIMARY SCHOOL

**IN TERM SWIMMING LESSONS TERM 2 2018**

Please return to your classroom teacher

✂ \_\_\_\_\_

I \_\_\_\_\_ (parent/caregiver name), give permission for my son/daughter  
\_\_\_\_\_ in Room \_\_\_\_\_ to participate in swimming lessons during term 2  
at the Karratha Leisureplex. I understand that a timetable will be coming home at the beginning of term 2  
with times for each of the classes.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Credit Card Payment <i>SORRY NO AMERICAN EXPRESS</i>															
Credit Card Number															
Card Type _____				Expiry Date _____				Amount _____				CCV _____			
Name on Card _____															
Signature of Cardholder _____												Date _____			



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**BAYNTON WEST PRIMARY SCHOOL STUDENT HEALTH FORM  
STRICTLY CONFIDENTIAL**

*This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion*

**STUDENT DETAILS**

Student's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical Details**

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion?

Yes  No

If "yes", please give details of actions to be taken:

\_\_\_\_\_

**Is your child allergic to?**

Penicillin  Any other drug  Any food  Other

If "yes", please give details of actions to be taken: \_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_

**Medication**

Parents/guardians are requested to make arrangement with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication? Yes  No

Does your child self-administer the medication? Yes  No

If "yes", state name of medication, dosage and frequency of use:

\_\_\_\_\_

**Other information**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

\_\_\_\_\_

I HEREBY AUTHORISE the PRINCIPAL or his/her representative to obtain medical attention as deemed necessary and I understand that I am responsible for the costs. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusion if necessary.

PARENT/GARDIAN .....DATE.....



**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

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

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

commencing on \_\_\_\_/\_\_\_\_/\_\_\_\_ and enclose 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 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		
1	Beginner	8 Water/SurfWise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive/Surf Stage 10
4	Water/Surf Introduction	11 Swim & Survive/Surf Stage 11
5	Water/Surf Safe	12 Snr Swim & Survive/Surf Stage 12
6	Junior	13 Wade Rescue/Surf Stage 13
7	Intermediate	14 Accompanied Rescue/Surf Stage 14
		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)