



NEWBOROUGH PRIMARY SCHOOL

Excursion Advice to Parents (Parent to keep this side)

Internet Banking BSB: 066 040 A/C: 1990 8278

PLEASE NOTE NEW BANK ACCOUNT DETAILS

ALL payments must be made by direct deposit (internet banking) ONLY – no cash payments can be accepted. If you do not have access to internet banking, please see our Manager Corporate Services, Sharon Singleton.

Dear Families of Pre-primary to Year 6 students,

The following In-Term Swimming is planned for your child. Please make payment via internet banking ONLY, complete the Consent Form Section (tear off) and return to your class teacher by **Wednesday 24th September 2025 (Week 10, Term 3)** Final date for receipt of payment via internet banking is **Wednesday 24th September 2025**.

Excursion Title: In-Term Swimming
Venue: Scarborough Beach Pool

Purpose: To provide experiences away from the student's home environment that will develop the student's self-management skills, interpersonal skills and self-esteem; and to develop the values and curriculum of the Western Australian Curriculum. In-Term swimming provides the necessary skills needed for children to learn to swim properly.

Date: Wednesday 15th October to Friday 24th October 2025 (8 days) Week 1 and 2, Term 4
Cost: \$43.60 per student

* Students cannot attend unless full payment has been made before the start of the lessons

Transport Details: Bus (Seatbelts)

Clothing and other Special Requirements:

- Bathers (Rash shirt is recommended but not compulsory)
- Underwear and towel in a strong carry bag
- Thongs or sandals can be worn during these two weeks
- Long hair should be securely tied back
- Goggles are permitted
- Everything, including carry bag, to be named

Supervision (Adult/teacher ratios): A minimum of two adults with children on the bus. The children are in the care of the swimming centre manager and staff during lessons. School staff assist and have shared responsibility. Behaviour management and emergency plans are in place at the centre.

Emergency Contact During Excursion: In an emergency, parents may phone

- (i) Newborough PS: 9278 0450
- (ii) Excursion Venue: 9205 8555

NB: During the excursion, liability for loss or damage to student property or medical costs incurred in case of accident or illness, are the responsibility of parents.

All class teachers and educational assistants will be attending the lessons.

Principal: Denise Jeffs

Date: 18th August 2024

NEWBOROUGH PRIMARY SCHOOL

Excursion Consent Form (Return this side to school)

Please tear off, complete this side and return to your class teacher by (insert date)

STRICTLY NO CASH PAYMENTS.
PAYMENT MUST BE MADE VIA DIRECT DEPOSIT ONLY.
by (insert date)

Please use child's name and (insert short name of excursion) as reference.

Payments

Due to administrative requirements, payments must be received by the due date. Payment plans are available – please see Sharon Singleton to arrange well in advance.

Excursion Title: In-Term Swimming
Venue: Scarborough Beach Pool

Dates: 15th October – 24th October 2025 **Water Based Activities:** Yes

Name of Child: _____ **Yr:** _____ **Rm:** _____

Phone: _____ (h) _____ (w) _____ (m)

The Student Health Care Summary details are used for this event. If you have not completed this form for your child or your child's medical history has changed, please contact the office ASAP and prior to the event.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness, other than those listed above, so that appropriate supervision may be arranged.

Where it is not practical to communicate with me during the excursion, I authorise the teacher in charge for appropriate medical assessment and treatment should it be considered necessary.

I am aware that the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings. Any costs incurred are my responsibility.

I have read and understood the information regarding the and give consent for my son/daughter _____ to attend.

☐ I have paid \$ 43.60 via internet banking (BSB: 066 040 A/C: 1990 8278)
(PLEASE NOTE NEW SCHOOL BANK ACCOUNT DETAILS)

Receipt No: _____

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