

Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child		Age	School	
	(Full Name PRINT BLOCK LETTERS)			
Room Numberpe	ermission to attend Department of Educ	cation's Inte	erm Swimming dasses at	
Commencing on/	/ Enclosed is payment of \$		(Lessons for Government schools are free. Payment is for transport and	d pool entry)
-	hma, seizures, fainting, epilepsy, diabe ol to provide learning adjustment?	tes, allergi NO	ies or any other condition or disability* that may affect YES Please provide further information below if new	
Please provide details of r	nedication currently being taken (if app	licable):		
			able your child to fully participate in Interm Swimming EASE CONSULT YOUR SCHOOL PRINCIPAL	lessons?
**If necessary please con I agree to inform the organ	sult your Principal well in advance of nisers before the scheduled departure of	swimming	gnosed disabilities that are not listed on the returned fig g lessons to discuss appropriate learning adjustments nge to my child's health and fitness. Where it is not pra eceiving such medical treatment as considered neces sa	S. ctical to
Stage Number	8. Water/Surf Wise	My chi	ild is going for Stage Number	
Beginner Water/Surf Discovery	Senior Senior Survive/ Surf Stage 10	Unsur	re please grade	
3. Preliminary	11.Swim & Survive/ Surf Stage 11			
4. Water/Surf Introduction	12.Snr Swim & Survive/Surf Stage 12		ild has attempted this 'going for' stage three times partment of Education classes without passing	
5. Water/Surf Safe	13 Wade Rescue/ Surf Stage 13		e attach copies of last three (3)	
6. Junior	14.Accompanied Rescue/ Surf Stage 14		rtment of Education certificates.	
7. Intermediate	15 Bronze Star (pool only)			
Interm Swimming Enrolment Form V3 Nov	Parent daytime ph rent/Guardian)	ione nambe	er: Date:	
Government of Wester Department of Education		· [Interm Swimming ENROLMENT FOR	RM
		-		
TO BE COMPLETED BY	PARENT:			
I give my child	(Full Name PRINT BLOCK LETTERS)	Age	School	
Room Number ne	ermission to attend Department of Educ	ation's Inte	erm Swimming classes at	
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	hma, seizures, fainting, epilepsy, diabe	etes, allergi NO	ies or any other condition or disability * that may affective YES Please provide further information below if ne	
Please provide details of r	nedication currently being taken (if app	licable):		
			able your child to fully participate in Interm Swimming EASE CONSULT YOUR SCHOOL PRINCIPAL.	lessons?
*Swimming staff cannot to	ake responsibility for modical condition	ns or diag	unosed disabilities that are not listed on the returned f	form

^{*}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 swimming lessons to discuss appropriate learning adjustments. 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

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Stage Number 1. Beginner	8. Water/Surf Wise 9. Senior	My child is going for Stage Number
2. Water/Surf Discovery	10.Jnr Swim& Survive/ Surf Stage 10	Unsure please grade
3. Preliminary4. Water/Surf Introduction	11.Swim & Survive/ Surf Stage 11 12.Snr Swim & Survive/Surf Stage 12	My child has attempted this 'going for' stage three times in Department of Education classes without passing Please attach copies of last three (3) Department of Education certificates.
5. Water/Surf Safe6. Junior	13 Wade Rescue/ Surf Stage 13 14.Accompanied Rescue/ Surf Stage 14	
7. Intermediate	15 Bronze Star (pool only)	
Signature:	Parent daytime ph	one number:Date:
(Parent/Guardian)		Interm Swimming Enrolment Form V3,Nov 18

Interm Swimming Enrolment Form V3 Nov 18