



SWIMMING LESSONS 2026

Year 1, 2, 3, 4, 5 & 6 Monday 23rd February - Friday 6th March

Dear Parents/Guardians,

SWIMMING LESSONS will take place for **Years 1-6 in weeks 4 and 5** of Term 1 this year.
Pre-Primary will have swimming lessons in weeks 1 and 2 of Term 3.

Lessons will be held at LEISURE PARK BALGA where qualified swimming teachers help the children move forward in swim skill levels.

Swimming is a compulsory part of the school Physical Education Programme, and all children should attend unless they have health problems for which they will need a letter from their doctor. The cost of swimming lessons is included in your school fees, so no payment is needed.

Lesson and Bus Times:

Week 4 & 5

CLASS	BUS LEAVES	LESSON TIME	RETURN
1A, 4A	9:05am	9:20am	10:20am
1B, 4B	9:50am	10:05am	11:05am
2A, 5A	10:35am	10:50am	11:50am
2B, 5B	11:45am	12:00pm	1:00pm
3A, 6A	12:30pm	12:45pm	1:45pm
3B, 6B	1:15pm	1:30pm	2:30pm

Students **may wear bathers underneath** but there will be time to change at school.

- Towel and undies are kept in a **separate plastic bag**. This avoids the embarrassment of forgotten underwear!
- For younger female students, may **we suggest a two-piece swimsuit** (a rash top and swim shorts). This allows students to use the toilet without needing to undress.
- All items of clothing (including bathers, underwear, towel and bag) are to be labelled. This will help identify the owner of any personal belongings left behind.

- STUDENTS WEAR SPORT UNIFORM FOR SWIMMING WEEKS.

The Swimming Enrolment Form needs to be returned to school by **Thursday 12th February.**

The school staff do everything they can to help students have an enjoyable and rewarding experience. If you have any concerns, questions or special needs, please talk with the class teacher.

Thank you
Ben Thyer
 Head of Primary Sports



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 Department of Education's Interm Swimming classes a _____
 Commencing on ____ / ____ / ____ Enclosed is payment of \$ NA (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 below if necessary**

Please provide details of medication currently being taken (if applicable):

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL.

**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*

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/ Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	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 (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____