



**Eastbourne  
Primary School**  
*Celebrates Success*

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Dear Parents,



## REMINDER

### 2018 SWIMMING PROGRAM FOR YEAR 3 & 4 STUDENTS

**A reminder for parents who have not yet made payment for the Swimming Program for students in Year 3 & 4 is due on Thursday June 29<sup>th</sup>.**

The program will commence on 24<sup>th</sup> July 2018.

**The total cost of the swimming program this year has been reduced from \$65.00 to \$40.00. The Department of Education, through their Swimming in Schools Initiative, will subsidise each child \$6.85. School Council will also make a contribution of \$18.15 per child in order to work towards all of our students reaching a base level of swimming and water safety competency, before leaving primary school.**

**IT IS ANTICIPATED THAT ALL STUDENTS WILL ATTEND THESE LESSONS. PLEASE RETURN THE PERMISSION FORM TOGETHER WITH PAYMENT BY NO LATER THAN 29<sup>th</sup> JUNE 2018**

IF YOU APPLIED FOR CSEF THIS YEAR PLEASE CHECK YOUR CURRENT CREDIT, IF APPLICABLE, WITH THE OFFICE BEFORE MAKING PAYMENT.

Please contact the Office if you would like to discuss payment arrangements.

Regards,

Stephen Wilkinson  
Principal

**PLEASE RETURN THIS WHOLE PAGE TO YOUR CHILD'S CLASS TEACHER**

**YEAR 3 & 4 - SWIMMING PERMISSION FORM - 2018**

My child \_\_\_\_\_ Room No \_\_\_\_ has permission to participate in the school swimming program at Rosebud Swim Centre commencing on 24<sup>th</sup> July 2018.

I understand that the children will be transported by bus to and from the venue.

Where the teacher in charge is unable to contact me, or it is otherwise impracticable to communicate with me, I authorise the teacher in charge to,

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first aid as the teacher in charge may judge to be reasonably necessary,
- and I agree to pay any expenses incurred for such services as well as ambulance costs in the event of it being needed.

**Please indicate if your child suffers from either or both of the following:-**

**Asthma**                       **Epilepsy**                       **Requires Epipen**

Please indicate below if any special care or precautions are needed in the event of your child suffering an asthma or epilepsy attack whilst participating in the swimming program. If your child needs to take medication whilst at swimming, please make sure the medication and clear instructions for dosage are given to your child's class teacher.

**My child's swimming capabilities are (please circle):**

**Weak 1                                      Capable 2                                      Strong 3**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

**Emergency telephone contact name and number**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Cost of Swimming Program..... \$40.00

**Please use my CSEF to pay for my child's swimming (if applicable)**

**Total enclosed**                                      \$ \_\_\_\_\_