



# KENT ROAD PUBLIC SCHOOL

14<sup>th</sup> October 2019

Dear Parents and Carers,

On the **25<sup>th</sup> November 2019 through to the 6<sup>th</sup> December 2019** students in **Kindergarten, Year 1 and Year 2** will take part in a school swimming program. The development of swimming skills is extremely important for all children living in Australia. Apart from developing skills to maintain a healthy lifestyle, it is important that children are able to participate safely in water sports and activities.

The students will travel to and from **Macquarie University Sports and Aquatic Centre** by bus departing and returning school as per the attached schedule.

All classes and levels will be catered for in ten 40 minute lessons. Children will be assessed and grouped in either 'water confidence', 'learn to swim', 'stroke correction' and 'squad training'. Lessons will be provided by AUSTSWIM qualified instructors employed by the aquatic centre. Class teachers will attend and supervise the students during the lessons. Although all students are supervised by an AUSTSWIM qualified swimming instructor, standing platforms and pool noodles will be accessible

We encourage parents and guardians to support the school in this activity by allowing your child to take part. **Please return the attached permission note and grading form with payment to your child's class teacher by Tuesday 19<sup>th</sup> November.** Payment can be made with cash, cheque or online through the school's website

Students are to wear their **sports uniform with their swimming costume underneath** and will need to **bring a towel, a change of underwear and sports shoes.**

Please note that students will have their lunch and recess at school and **can order from the canteen during the swim program.**

The cost of the swimming program is \$90 **per student.**

This works out to be only \$9 per swimming lesson which parents will know is a very reasonable price. Parents are able to pay for these lessons by cash, cheque or credit card. We are happy to make arrangements with individual families if payment cannot be made in full. For families with three or more children the cost will be **\$180.**

The school's Parents & Citizens Association has made the generous commitment to subsidise the transport costs for the ten days. This donation has reduced the cost for individual families, and we are very grateful to the P & C for this.

Payment can be made by; cash, cheque or online at <https://kentroad-p.schools.nsw.gov.au/>  
When paying online please use include the following payment description code: **payment code- SWIM19**

Should you have any questions and concerns please speak to your child's class teacher.

Kind Regards,  
Denise Minifie  
Principal

Ben Harrison  
Deputy Principal

# KENT ROAD PUBLIC SCHOOL

## Make a Payment

Enter your payment details below. Fields marked with an asterisk (\*) are mandatory.

### Student Details

Student Registration Number If this digit number is on the Statement issued by the school, it will be taken as part of the student's details.

\* Given Name

\* Surname

\* Enter both Class/Year & Ref Number, or Date of Birth:

Class or Year

Ref Number This number may be on the top of the invoice or the statement issued by the school.

Date of Birth  /  /  e.g. 14/05/2010

If you wish to make a payment for another student, first complete this payment. There will be an option to re-use your details for another payment.

Cancel Payment Next Section

### Student Details

Fill in student details.

*'Student Registration Number' is not required. Leave blank*

*'Ref Number' is not required. Leave blank*

### Contact Details

Please complete all sections

### Payment Items

Select the payment type. Add in the payment description code as listed on the permission note followed by the amount.

*If you need to pay another amount please select 'Add Another Payment'. Please do not combine payments in one payment type.*

### Card Details

Complete all sections using your payment card details followed by 'Proceed to Confirmation'.

### Contact Details

\* Contact Full Name

\* Contact Phone Number e.g. 02-9912345 or (02) 49912345

\* Contact Email Address

Cancel Payment Next Section


### Payment Items

Payment Type	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount		0.00 AUD

Cancel Payment Add Another Payment Next Section

### Card Details

\* Cardholder Name

\* Credit Card Number 

\* Expiry Date  /  / 19

\* Card Verification Number (CVN) What's a CVN?

Cancel Payment Proceed to Confirmation

# KENT ROAD PUBLIC SCHOOL

## School Swimming Program Travel Schedule

### Kent Road Public School to Macquarie University Sports and Aquatic Centre

- Monday 25<sup>th</sup> November 2019 – Friday 29<sup>th</sup> November 2019
- Monday 2<sup>nd</sup> December 2019 – Friday 6<sup>th</sup> December 2019

Classes	Swimming School Bus Schedule
1B 1G 1L	9:15am school pick up 10:20am return pick up
KH KL	9:55am school pick up 11:00am return pick up
1N 1S 1C	10:35am school pick up 11:40am return pick up
KK KJ	11:15am school pickup 12:20pm return pick up
2R 2S	11:55am school pick up 1:00pm return pick up
KS KC	12:35pm school pick up 1:40pm return pick up
2C 2H	1:15pm school pick up 2:20pm return pick up
2W	1:55pm school pick up 3:00pm return pick up

# KENT ROAD PUBLIC SCHOOL

Detach and return this signed consent form to your child's class teacher by **19<sup>th</sup> November 2019**

## School Swimming Program (K-2)

I give permission for \_\_\_\_\_ in class \_\_\_\_\_ to attend the **school swimming program** on **Monday 25<sup>th</sup> November 2019 through to Friday 6<sup>th</sup> December 2019**. I understand the children will **travel by bus** and will be supervised by teachers at all times.

### **Water or swimming activities**

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

strong swimmer       average swimmer       poor swimmer       non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:

.....  
I undertake to provide this device so that my child can participate in the excursion. **Yes / No**

I **give / do not** give permission for my child to participate in the water or swimming activities.

I understand that my child will receive medical treatment in the case of an emergency.

### **IMPORTANT NOTE:**

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen®) for example.

I have enclosed **\$90** in cash.

I have paid **\$90 online**. Order number \_\_\_\_\_

Online payment description code: **payment code- SWIM19**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# GRADING FORM

## SCHOOL:

Please fill in this form to the best of your knowledge, this information will greatly assist the Macquarie University Swim Program to grade your child swimming abilities before the start of their School Swimming Program. This will help to ensure that the first day of lessons, classes will run smoothly with every student getting the optimum practice time and instruction possible.

NAME:

AGE:

SCHOOL CLASS/YEAR:

### SWIMMING ABILITY

Please answer the following questions by circling either yes or no. If you have any further comments, please use the space provided.

- Has your child been in a swimming pool before? YES/NO
- Does your child need a floatation device to swim independently, (noodle, arm bands etc.)? YES/NO
- Does your child require an instructor to hold for support to swim in the pool? YES/NO
- Has your child participated in swimming lesson in past? YES/NO
- Is your child currently enrolled in regular swimming lesson, (once per week)? YES/NO

If yes please state where and what level your child swims at

---

---

---

### SWIMMING EXPERIENCE

- Can your child swim independently with a kickboard for 10m + face in the water? YES/NO
- Can your child perform back kicking with a kickboard? YES/NO
- Can your child perform back kicking without any assistance? YES/NO

Please indicate below what stroke and distances your child is confidently able to swim independently, by circling?

Freestyle	unsure	10m	25m	50m	100m
Backstroke	unsure	10m	25m	50m	100m
Breaststroke	unsure	10m	25m	50m	100m
Butterfly	unsure	10m	25m	50m	100m

Is there any additional information you think might be helpfully to assistant us in grading your child's swimming abilities?

---

---

---

**Clothing** | Children are encouraged to wear only swimwear and **FITTED** rash shirt if required. Board shorts and T-shirts are not permitted, girls no bikinis/two piece swim wear. All clothing, shoes and towels should be clearly labelled.

**Hair** | children with long hair are requested to wear long hair securely tied back

**Goggles** | Please provide correctly fitted goggles for your child each day and have them clearly labelled.

## MACQUARIE UNIVERSITY SPORT & AQUATIC CENTRE

Gymnasium Road, North Ryde, NSW 21  
T (02) 9850 7636 Facebook.com/MQUSport  
E swimschool@mq.edu.au Instagram.com/MQUSport

