Dear Parents/Caregivers,

In Term 4, children in Years 3, 4, 5 and 6 will have the opportunity to take part in the ‘BSPS Swim School Program’. This school run program will be facilitated by Miss Katrina King. Miss King is an accomplished swimmer and a qualified AustSwim instructor. Lessons will take place on Friday mornings during sport commencing Friday 17/10/14 (Week 2 Term 4). Students will need to arrive at school by 8:45am.

The cost of the 8 week program will be $32 and includes: a 40 minute lesson and pool entry. Students will be required to bring an additional $2.00 per week to pay for transport by public bus.

If you would like to reserve your child’s place in this program, a $10 deposit will be required. The full amount must be paid to the office by Friday 10/10/14 otherwise places will be given to other students. Thirty (30) students will be participating in the swim school program. Our focus is to develop the basic swimming skills of students; however, we will endeavour to have an even mix of ability swimmers.

Marc Pedersen
Sports Coordinator

Privacy Advice
The information provided on this form by the parent/guardian is being obtained for the purpose of obtaining medical information. It will be used by the NSW Department of Education and Training in case of emergency. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the Office.

I give permission for my child ____________________________________________ from class ___________________________ to attend the ‘BSPS Swim School Program’.

My son/daughter is:

☐ a non-swimmer
☐ able to float on his/her back
☐ able to swim 25 M
☐ able to swim 50 M

I give / do not give permission for my child to receive medical treatment in case of emergency. My child has the following special needs:

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<th>List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies or any other conditions). Please outline the treatment for each.</th>
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Signed: ____________________________ Date: ____________________________