



PENRITH PUBLIC SCHOOL

High Street, Penrith NSW 2750

Tel: (02) 4721 2158

Email: penrith-p.school@det.nsw.edu.au

<http://www.penrith-p.schools.nsw.edu.au/>

23 August 2022

2022 Swim School

Monday October 24 – Friday November 4

Dear Parents and Carers

The Department of Education School Swimming and Water Safety Program is an intensive learn to swim program which develops water confidence and provides students with basic skills in water safety and survival. The program is conducted over ten days, each lesson is 45 minutes and will take place at Ripples Penrith.

Students who have not reached a satisfactory standard of water safety and survival skills and are unable to swim 25m confidently and unaided in deep water, are eligible to participate.

Students in Year 2 are being given first offer and if there are any places remaining after the 31 August it will be open to students in Years 3 -6.

These lessons are funded by the Department of Education and for this year ONLY pool entry and transport are being heavily subsidised.

The cost for pool entry & transport for the 10 day course is \$75

Places are limited to 60. To secure your child's position in the program, please complete the permission note and return to the office by **Wednesday 31 August**. A deposit of \$30 or the full payment of \$75 must also be paid online.

If you choose to pay the deposit amount, the remaining amount of \$45 must be received by Wednesday 21 September, to retain your child's position in the program.
No payment reminders will be sent from the office.

Yours sincerely

Sue McMahon
Rel Principal

Danielle Thrift
Swimming Co-Ordinator

SCHOOL SWIMMING SCHEME CONSENT FORM AND PAYMENT

I give permission for my child Class to attend the School Swimming Scheme at Ripples Penrith from **Monday, 24 October to Friday, 4 November 2022**.
Travel to and from the pool will be by bus.

I have made a payment of \$____ online Payment Reference No: _____

Return this form to the office no later than Wednesday 31 August, 2022.

In the event of injury or illness, I authorise (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg. Allergies, sensory impairment etc.):
.....

Signed: _____ Date: _____

Parent/ Carer

Date