



**IRAMOO PRIMARY SCHOOL No. 5152**  
**SWIMMING PROGRAM – GRADES 2 & 4**  
**TUESDAY, APRIL 17 – FRIDAY, APRIL 27, 2018**

Thursday, March 1, 2018

**VENUE:** AquaPulse in Hoppers Crossing  
**COST:** \$70 per child / \$35 per child (current health care card discount)\*

The Iramoo Primary School Swimming Program has been split into two programs for 2018, the Grades 2 & 4 program will be conducted in Term 2 and the Grade 3, 5 & 6 program will be conducted in Term 3. Both programs will be at **AquaPulse in Hoppers Crossing**.

**Swimming is part of our curriculum at Iramoo.** Our intensive swimming program follows that recommended by the Royal Life Saving Society and extension criteria developed by Wyn Active. Children are graded into ability groups, ranging from beginner to proficient swimmer.

***Children will have a qualified swimming teacher as their swimming instructor.***

Please note that this is an **8-day** intensive program with each lesson being **45 minutes in duration**.

**As your child will be responsible for his/her own changing and clothing during the program, it is extremely important that your child has a strong bag, and that all clothing is clearly labelled with your child's name to avoid loss of items.**

Please complete both the tear off slip below and the attached **parent assessment letter** and return it to school with payment by **Thursday, March 29, 2018**. AquaPulse **WILL NOT** accept forms or payment after this date. Our office staff are available to accept payments from 8.30 a.m. to 3.30 p.m. each day. EFTPOS facilities are available. There are several payment options available to help spread the cost, outlined on the tear off slip below.

**DISCOUNT FOR ALL & SUBSIDY FOR HEALTH CARE CARD HOLDERS\***

- The Victorian government has provided a small subsidy for schools to help reduce the cost of swimming lessons for children so the cost of our program has been reduced this year to **\$70** per child.
- Our school offers a 50% discount for current health care cardholders so the cost is reduced to **\$35** per child.
- Also current health care/concession cardholders are eligible for the government **Camps, Sports & Excursions Fund (CSEF), \$125 per child per year** and parents may choose to use some of this CSEF towards the cost of swimming. Please ensure that our office has a copy of your current health care card/concession card.

Please note that the swimming program begins *on the second day of Term 2* so it is extremely important for the organisation of transport, teachers and swimming groups that we have all payments and permission forms returned by **9 a.m. Thursday, March 29, 2018**. **No late forms or payment can be accepted.**

**BRAD HODGES**  
**PHYS. ED. CO-ORDINATOR**

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**CHILD'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**During the swimming program I (or my nominee) can be contacted on ☎:** \_\_\_\_\_

Where it is impracticable to communicate with me, I authorise the teacher/s in charge of the swimming program to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

**Special Provision** – In compliance with Department of Education & Early Childhood Development practices it is necessary for parents to notify schools of any **special medical circumstances** that exist in relation to activities such as swimming programs. We request parents to indicate below any such circumstances relating to their child participating in this program.

**Please tick if your child suffers any of the following:**

- |                                    |   |                                       |                                 |
|------------------------------------|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bee sting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine  | <input type="checkbox"/> Travel Sickness  | <input type="checkbox"/> Other _____  |                                 |

\* Indicate any medication to be taken, include time and dosage \_\_\_\_\_

- I enclose **\$70** full payment for the 2018 swimming program
- I enclose **\$35** full payment for the 2018 swimming program (health care card discount)\*
- Please deduct **\$35** from the Camps, Sports & Excursion Fund (CSEF) to cover the cost of my child's **Swimming program**. (Please ensure that our office has a copy of your current health care/concession card)

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_