

Secret Harbour Primary School - In-term Swimming



Selected students commence Interm Swimming lessons at
State Swim, Secret Harbour
 from **Wednesday 22nd July – Friday 31st July 2026**
 (Weeks 1 and 2, Term 3)

We will have 3 sessions each day.
 Students will be **TRAVELLING BY BUS** to and from the pool.

Due to the current increase in fuel costs, the price of excursions has risen. We understand that this may place added pressure on some families within our school community.

Our school offers flexible payment plans, and in light of the current situation, we encourage families to make use of this option if needed. Please do not hesitate to contact the school office if you would like to discuss a payment plan for this term's in-term swimming lessons.

In-term swimming lessons are extremely beneficial to all students. All students are encouraged to participate. Finalising when and where students have their lessons is always a complicated process that involves several internal and external departments. Costings for this part of the curriculum is also very complicated and is governed by many factors including swimming venue, transportation costs and pool entry fees.

COST:
 \$70.00

Where students are unable to continue with lessons it will only be possible to refund the pool entry fee. A payment envelope has been sent home with your child. All forms and completed payment envelopes should be returned to the school office.

Please complete the attached Parent/Guardian Consent Form and Swimming Level Form and return these with the payment in the envelope provided by **Friday 26th June (week 10)**. If you have paid your child's swimming charges up front, please indicate this when returning the payment envelope.

SESSION TIMES

Session 1: Rms 2 and 20 – 12:00pm
 Session 2: Rms 3 and 21 – 12:45pm
 Session 3: Rms 4 and 22 – 1:30pm

MEDICAL
 CERTIFICATES

If a child is known to be subject to any form of medical condition involving periodic loss of consciousness, the child should not be permitted to swim unless a medical certificate is produced by the child's parents stating that it is safe to do so.

CLOTHING

- Children should wear their bathers to school with school uniform on top and bring underwear, towel and a plastic bag for wet items.
- Students are advised to bring a dressing gown or additional layers to wear to and from the pool.
- **At the end of their lesson, students will change into their school uniform at SCHOOL.**
- Please label children's clothing, so items misplaced may be claimed from lost property.
- Normal footwear is required for school.
- Thongs may be used for whilst attending swimming only.
- It is strongly recommended that students wear goggles for swimming.
- Towels may be carried in a bag with your child's name on it.
- Students with long hair should have it tied back.
- Put on rashie vests and sunscreen before school as necessary.

JEWELLERY

- No jewellery to be worn.

TRANSPORT

THE STUDENTS WILL BE TRAVELLING BY BUS TO AND FROM THE POOL.

FOOD

- Parents/Carers are ADVISED TO CHECK LESSON TIME BEFORE PLACING A CANTEEN LUNCH ORDER
- Students are NOT allowed to eat at the pools except for medical reasons
- Additional crunch n sip and/or recess and lunch may be required during swimming weeks.



PARENT / GUARDIAN CONSENT FORM I have read and understood the attached information regarding swimming lessons at State Swim, Secret Harbour and understand the nature of the activities proposed.

I give permission for my son/daughter _____ Room: _____ to participate in this activity and have completed the attached payment envelope for \$70.00

N.B. - Payment envelopes and permission notes should be returned to the school office by **Friday 26th June (week 10)**.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Name Parent/Guardian: _____ Mobile: _____

Signed: _____ Date: ____/____/____

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School Secret Harbour Primary School
(Full Name PRINT BLOCK LETTERS)
Room _____ State Swim
Number _____ permission to attend Department of Education's Intern Swimming classes
Commencing on 15/06/2026 Enclosed is \$ _____
(Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability* that may affect his/her safety, or require the school to provide learning adjustment?

NO YES Please provide further information below if necessary**

Please provide details of medication currently being taken (if applicable):

Is there any other information swimming staff should be aware of to enable your child to fully participate in Intern Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL.

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form

**If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/ Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	15. Bronze Star (pool only)

My child is going for Stage Number

Unsure please grade

My child has attempted this 'going for' stage three times in Department of Education classes without passing Please attach copies of last three (3) Department of Education certificates.

Signature: _____

Parent daytime phone number: _____

Date: _____