

PLEASE RETURN THIS COMPLETED FORM TO SHELLEY PS OFFICE BY TUESDAY 27 MAY 2025



Interm Swimming ENROLMENT

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURN TO SCHOOL:

I give my child		Age	School	SHELLEY PRIMARY	SCHOOL	
(Full N	ame PRINT BLOCK LETTERS)					
Room Number Pe	ermission to attend Department of Edu	cation's Interm Swi	imming classes a	at RIVERTON LEISURI	EPLEX	
Commencing on Monday	9 June Paid the sum of \$57.0	(Lessons for Go	overnment schools are	e free. Payment is for transport and p	ool entry)	
-	nma, seizures, fainting, epilepsy, diabo ol to provide learning adjustment? NC			ion or disability* that may a e further information below if		
_	s of medication currently bein	ng				
taken (if applicable):						
	tion swimming staff should be awar water related activities) IF IN ANY E				ng lessons?	
**If necessary please cons	ke responsibility for medical condition sult your Principal well in advance of isers before the scheduled departure thorise the school staff to consent to	f swimming lesson of any change to n	ns to discuss ap _l my child's health	propriate learning adjustme and fitness. Where it is not j	nts. oractical to	
Stage Number	8. Water/Surf Wise	м	My child is going for Stage Number			
1. Beginner	9. Senior					
2. Water/Surf Discovery	10.Jnr Swim& Survive/ Surf Stage 10		Unsure please grade			
3. Preliminary	11.Swim & Survive/ Surf Stage 11					
4. Water/Surf Introduction	12.Snr Swim & Survive/Surf Stage 12		My child has attempted this 'going for' stage three times in Department of Education classes without passing Please attach copies of last three (3)			
5. Water/Surf Safe	13 Wade Rescue/ Surf Stage 13					
6. Junior	14.Accompanied Rescue/ Surf Stage 14	Departmen	Department of Education certificates.			
7. Intermediate	15 Bronze Star (pool only)					
Signature: (Parent/Guardian)	daytim	ent/Guardian de phone/mob number:		Date:/_		