



Years 5/6 Swimming Program 2021

Tuesday 15th – Friday 18th June, 2021



Dear Parents and Guardians,

The Years 5/6 'Big Fish Little Fish' Swimming Program will be held at Freeway Sports Centre from Tuesday 15th June to Friday 18th June. Students are being offered the opportunity to participate in 4 swimming sessions (1 hour each session), which are conducted by AustSwim qualified staff.

Students will be placed into groups (max. 1:8 ratio) according to their ability levels, and will participate in an intensive and enjoyable program. The program caters for all ability levels and aims to develop basic skills, survival techniques, confidence and the ability to swim 50 metres.

As swimming is part of the Health and Physical Education Curriculum it is strongly recommended that all 5/6 students participate in this program. Please encourage your child to attend this intensive and enjoyable experience!

The cost for this program is \$20.00. This includes seat-belted transport and entry/pool access at the centre.

*Please note that Hallam PS was unable to provide the Swimming Program in 2020 due to COVID-19. Because of this we have the Department's 2020 and 2021 swimming funds to support the Swimming Program, which has reduced the cost of the program for all **Prep – Year 6 students for 2021 only.***

Please complete the 'Relevant Medical Details', 'Payment' and 'Permission Form' (next 2 pages) and return it to school, with the money, by 9.30am on Monday 7th June, 2021.

Any questions or concerns, please contact Mr Simon Way.

Simon Way
Physical Education Teacher

Julie Macfarlane
Principal

RELEVANT MEDICAL DETAILS

CHILD'S NAME: _____ YEAR: _____

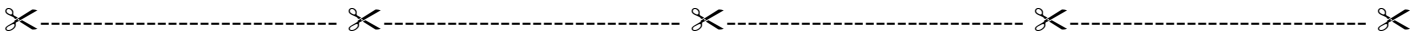
Medical Conditions (e.g. asthma, epilepsy)

Allergies (e.g. penicillin)

Details of any previous aquatic trauma (e.g. near drowning, frightening experiences)

Signed _____

(Parent / Guardian)



YEARS 5/6 'BIG FISH LITTLE FISH' SWIMMING PROGRAM 2021 (FREEWAY SPORTS CENTRE)

PAYMENT DETAILS

Child's Name: _____

COST: \$20.00

Class: _____

Cash

CSEF

Visa

MasterCard

(Minimum transaction \$10.00)

Card Number:

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Expiry Date: ____ / ____

CCV No. ____ (Last Three digit number on back of card)

Cardholders Name: _____

Cardholders Signature: _____

If paying for more than 1 student please list **ALL** students' names and year level

Name: _____ Year: _____ Name: _____ Year: _____

HALLAM PRIMARY SCHOOL EXCURSION FORM

PARENT COPY

Dear Parent/Guardian

The following details refer to an excursion in which your son/daughter is being asked to participate.

Activity: Years 5/6 Swimming Program 2021

Date: Tuesday 15th June – Friday 18th June, 2021

Venue: Freeway Sports Centre, 1 Doveton Ave, Dandenong, Victoria 3175

Program Cost: \$20.00

Mode/s of Travel: Bus (seat-belted)

Point of Assembly: Hallam PS

Departure: Group 1-10:45am Group 2-11:45am Group 3-12:45pm

Point of Dismissal: Hallam PS

Return Time: Group 1-12:15pm Group 2-1:15pm Group 3-2:15pm

FULL SCHOOL UNIFORM MUST BE WORN

Signature of Teacher in Charge: Simon Way

Date: 27.04.21

Please sign forms below and return to the Classroom Teacher by the due date

Where withdrawal from the excursion incurs a cost to the school, no refund will be available.

✂-----✂-----✂-----✂-----✂

EXCURSION COPY (RETURN TO SCHOOL)

I give permission for my son/daughter _____ Year _____
to attend the **Years 5/6 'Big Fish Little Fish' Swimming Program at Freeway Sports Centre from Tuesday 15th June to Friday 18th June, 2021.**

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

Name: _____ **Phone:** _____

Or Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

Details of allergies or any other medical information which may need to be known in an emergency: _____

Ambulance Fund YES / NO **Signed: Parent/Guardian:** _____ **Date** ___/___/___

✂-----✂-----✂-----✂-----✂

OFFICE COPY (RETURN TO SCHOOL)

I give permission for my son/daughter _____ Year _____
to attend the **Years 5/6 'Big Fish Little Fish' Swimming Program at Freeway Sports Centre from Tuesday 15th June to Friday 18th June, 2021.**

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

Name: _____ **Phone:** _____

Or Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

Details of allergies or any other medical information which may need to be known in an emergency: _____

Ambulance Fund YES / NO **Signed: Parent/Guardian:** _____ **Date** ___/___/___

BOTH SECTIONS MUST BE COMPLETED, SIGNED AND RETURNED