

## Glendenning Public School

135 Armitage Drive

GLENDENNING, NSW 2761.

Ph: 02 9832 8555

Fax: 02 9832 8724

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



### LITTLE FISHES LEARN TO SWIM PROGRAM 2019

Dear Parents / Caregivers,

Learning to swim is fun, provides health benefits and could save your child's life. Drowning is one of the most common accidental deaths in children, so learning to swim is an essential life skill.

This term, students at Glendenning are invited to participate in a learn to swim program at Little Fishes Swim School. Your child is strongly encouraged to participate in this program. If you are interested in your child developing and strengthening their swimming skills, then please return the permission note and payment as soon as possible.

#### ***Details:***

**Dates:** Each Wednesday from Weeks 1 to 8 inclusive, beginning on Wednesday 24 July, 2019 and concluding on Wednesday, 11 September, 2019 (inclusive). There will be eight lessons in total.

**Where:** Little Fishes Swim School, Glendenning

**Lesson times:** Various times in the morning.

**Fee:** \$55.00

**Transport:** Students will travel by bus. In order to keep costs down, the cost of the bus (\$2500) will be subsidised by the school.

As the lessons are scheduled for the morning, it is requested that students wear their swimming costumes under their school uniform. Please ensure students bring their **towel and underwear** in a plastic bag, clearly labelled with their name and class. Students will change into their school uniforms when their lesson is finished.

**If you wish your child to attend, please bring a signed permission note *before Wednesday 3 July so that we can organise groups of students*. Payment will not be required until Wednesday 24 July. Places are limited and will be filled on a "first in, first-served" basis. Any families experiencing financial difficulties should contact the office for a time payment plan.**

#### **PLEASE NOTE:**

- Students must be willing to change into their school uniforms in 'change room' conditions, i.e. students do not have access to individual change rooms.

If you have any queries, please contact the school on 9832 8555.

Doug Meaney  
Principal  
13 June 2019

A. Leyte  
Swim Scheme Coordinator

**PERMISSION NOTE – Little Fishes Learn to Swim Program**  
**Return to THE OFFICE PAYMENT BOX by Wednesday 24 July 2019**

I give permission for my child \_\_\_\_\_ of class \_\_\_\_ to attend the  
(Full Name)

Learn to Swim program at Little Fishes Swim School, each Monday, beginning on **Wednesday 24 July - Wednesday 11 September 2019**. I understand the students will be travelling by bus to the pool, in groups of 40 approximately, with GPS teachers.

I am aware that my child's swimming ability will be assessed upon arrival at the venue, and that they will then be placed in a class appropriate for their level of ability.

[ ] I have enclosed \$55.00 and the permission note in the envelope provided.

[ ] I have paid online with Reference Number: \_\_\_\_\_  
**Please send this permission note to the front office not the classroom teacher.**

[ ] If you are unable to pay for this excursion by the due date, please contact the front office for an extension or financial assistance. No student should miss an education opportunity due to a financial situation.

[ ] I do not give permission for my child \_\_\_\_\_ of class \_\_\_\_ to attend this excursion.

My child will not be attending because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_

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**Medical Information**

**1. Student Details** (please print clearly)

Student's Full Name: \_\_\_\_\_

Parents/ Caregiver Full name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**2. Medical Details**

My child is allergic to: \_\_\_\_\_

Any medical details or special needs which the teacher might need to know:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Caregiver's Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## ONLINE PAYMENT PROCESS

***The payment page is accessed from the school website.***

Payments can be made using either a Visa or Mastercard credit card only.

Select: **Make a Payment**

When you access this, you must enter:

### Student Details

- Given Name
- Surname
- Class or Year – please enter as this will help to identify your child
- Reference Number – Not Required/do not enter any details here please
- Date of Birth

NEXT SECTION – click here

### Contact Details

- Full Name (parent or person who is paying)
- Contact Phone Number
- Contact Email Address

NEXT SECTION – click here

### Payment Items

- Payment Type – click into drop down box and select 'other'
- Description – type into box – swim scheme
- Amount – type into box - \$55

NEXT SECTION – click here

### Card Details

- Enter these and proceed to Confirmation

Please take note of the Reference Number and write this on the permission note and return to the office.

***If you have more than one student – this process is to be repeated for each.***

***PLEASE NOTE: Payments made after 6pm will take 2 business days to appear in the school's finance account from Westpac.***

***\*\* Please ensure you process your child's payment prior to the due date on the note otherwise your child may miss their excursion \*\****