

## Redhead Public School

Principal: Mrs Lisa Monaghan

Dear Parent/Caregiver:

An excursion/event has been organised for your child. Information is as follows:

## Please retain this page for your reference.

Excursion:	10 day School Swimming Scheme	
Venue:	Charlestown Swimming Pool	
	Term 4	
Date(s):	29 October – 9 November 2018	
	Children in Year 1 to Year 6	
Classes/Group Involved:	Please note we need 25 students for this program to go ahead.	
Cost of excursion/performance is:	\$65 including bus and pool entry	
Payment due by:	Monday 27 August	
The class will depart from:	Redhead Public School	
At (time):	8:45am	
Return by (time):	10:30am	
Travel will be by:	Seat belted bus	
The groups will be supervised by:	Mrs Schofield	
Additional information:	The Department of Education School Swimming Scheme is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. This program is conducted over 10 days. Each daily lesson is 45 minutes.	

Mrs Lisa Monaghan Principal

Mrs Donna Schofield

Teacher

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

Tel: (02) 4944 7215 Fax: (02) 4942 6098 Website: www.redhead-p.schools.nsw.edu.au



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Principal: Mrs Lisa Monaghan

Redhead Publ	ic School 10 day Swimming	g Scheme
I consent to October to 9 November. I understand trav	in (class) participatel is by bus and the cost is \$65.	ating in the above excursion on the 29. I am aware of the nature of activities
that my child will be participating in.		
I have enclosed \$65 as payment o	r	
I have made my payment online. N	My receipt number is	
Online Payments can be made by clicking the instructions.	on the Make a Payment link (\$)	) on the schools website and following
Please circle: In the event of any accident or illness, I <i>gi</i> as my child may require. I also agree to puthe excursion.		-
The information provided is being obtained for the purp needs about your child who is currently enrolled at the school activities conducted by or in conjunction with Re It will be used by officers of the NSW Department of Ed excursions, sporting or other school activities. Other persons or agencies that may be provided with this who join with the school or are otherwise involved in the be called upon to provide health care treatment or other. Provision of this information is not required by law. Ho particular excursion or school activity. In such circumsta Provision of this information will significantly assist the concerns about the provision of this information, please	school and is participating in school except dead Public School. In a support stude a sinformation include, but are not limited to be planning or delivery of the excursion, sponsassistance during or as a consequence of survey, a failure to provide the information ances the school will make available a source school in planning a safer educational as	ents, and to minimise risks when conducting school on volunteers and members of external organisations or other school activity; and persons that may uch excursions or activities.  In may mean that your child can not participate in a not alternate educational experience.  In the conductivity is a conductivity in the conductivity. It will be stored securely. If you have any
Student Name:	Medicare	number:
Parent/carer name:	Phone:	
Parent/carer name:		
Emergency contact details: (nominated by	/ parent or caregiver as alternat	e contact).
Name:	Phone:	
List existing medical conditions or illnesses (in-	sion. Include name of medication, in	
Please return permission note and money will miss out.		notes will not be accepted and children
Parent/carer signature:		Date:
Email:	Tel: (02) 4944 7215	Website:
redhead-p.school@det.nsw.edu.au	Fax: (02) 4942 6098	www.redhead-p.schools.nsw.edu.au