



Department of Education

INTERM SWIMMING ENROLMENT FORM

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

TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: St. Bernadette's Catholic PS

Year: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at AQUA JETTY SWIMMING POOL, WARNBRO commencing on 6th March and concluding on 16th March 2018.

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 if necessary)\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* NB: SWIMMING STAFF CAN NOT TAKE RESPONSIBILITY FOR MEDICAL CONDITIONS OR DIAGNOSED DISABILITIES THAT ARE NOT LISTED ON THE RETURNED FORM.

\*\*NB: IF NECESSARY PLEASE CONSULT YOUR INSTRUCTOR IN ADVANCE OF LESSON TO DISCUSS APPROPRIATE LEARNING ADJUSTMENTS.

Please list and provide details of medication currently being taken if applicable:

>MY CHILD IS GOING FOR STAGE NO:

Stage No:	7.	Intermediate
1.	Beginner	8. Water/Surf Wise
2.	Water/Surf Discovery	9. Senior
3.	Preliminary	10. Jnr Swim & Survive
4.	Water/Surf Introduction	11. Swim & Survive
5.	Water/Surf Safe	12. Snr Swim & Survive
6.	Junior	12+ Adv Swim & Survive

>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 certificates.

Signature: \_\_\_\_\_

Parent Daytime Contact Phone Number: \_\_\_\_\_