



# ALBANY PRIMARY SCHOOL

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Dear Parents and Carers

I am pleased to provide you with the following details regarding our excursion.

Excursion to:	Interm swimming	
Class/Year groups attending:	Pre-Primary to Year 6	
Departure venue, date and time:	Albany Leisure and Aquatic Centre Monday 1 September 2025 - Friday 5 September 2025 Monday 8 September 2025 - Friday 12 September 2025	
Return time:	Refer to Swimming Lesson Timetable	
Excursion leader:	Classroom Teacher	
Travel details:	Transport via Loves Bus. All buses equipped with seatbelts.	
Excursion cost:	Transport      \$42.00 Venue entry    \$40.00 <b>Total:           \$82.00</b>  <b>FUNDS DUE BY: 25 August</b>	<b>Preferred Payment Methods:</b> 1. Cash or EFTPOS at <b>front office</b> 2. EFT – <b>Albany Primary School</b> <b>BSB 066 040    ACC: 1990 8091</b> <b>(Include student name and class in description)</b>
Supervisory team: <i>(Include details of staff member with first aid responsibility)</i>	Classroom teachers supervise students for the entirety of the swimming lessons.	
Contact arrangements during excursion:	APS Office: 9844 2860	
<b>Educational purpose of excursion</b> This excursion has been planned to supplement the following work being completed in your child’s classroom and/or is part of their education program. Swimming lessons align with the Health and Physical Education Curriculum with particular emphasis on the strand of Movement and Physical Activity. Participating in swimming lessons also provides students with the knowledge and skills to be safe around water.		

**Activities**

Your child will be participating in the following activities. (Water based excursions require additional supervision advice and student information. Include as appropriate.)

Students will be participating in 10 x 40mins swimming lessons at ALAC

**Special clothing or other items required.**

All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed.

**Details**

Students are to wear their school uniform over their bathers to the pool.

Please ensure your child brings:

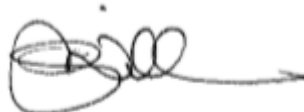
- A towel
- Goggles (if they have them)

At the end of their swimming lesson, students will change back into their school uniform before returning to school.

**Excursion Leader signature:**



**Principal signature:**



Please complete, sign and return the section overleaf to the school by **Monday 25 August 2025**

Albany Primary School

Swimming Timetable 2025

Lesson	Room Number	Number of Students	Bus Leaves APS	Lesson Start Time	Lesson Finishes	Bus Leaves ALAC	Bus Returns to APS
1	Room 15 – Year 6 Room 8 - Year 2/3	52	9:00am	9:20am	10:00am	10:10am	10:20am
2	Room 22 – Year 3/4 Room 23 – Year 3 Room 2 – Pre Primary	67	9:45am	10:05am	10:45am	10:55am	11:05am
3	Room 17 – Year 5/6 Room 7 – Year 2	56	10:30am	10:50am	11:30am	11:40am	11:50am
4	Room 18 – Year 5 Room 20 – Year 4 Room 5 – Year 1	79	11:40am	12pm	12:40pm	12:50pm	1:00pm
5	Room 21 -Year 4 Room 3 – Pre Primary	49	12:25pm	12:45pm	1:25pm	1:35pm	1:45pm
6	Room 16 - Year 5/6 Room 9 – Year 2 Room 4 – Year 1	74	1:10pm	1:30pm	2:10pm	2:20pm	2:30pm

## LOCAL AREA EXCURSION – INTERM SWIMMING

### PARENT/CARER CONSENT FORM

<b>Child's name:</b>	
<b>Class – Year:</b>	
<b>Excursion to:</b>	Albany Leisure and Aquatic Centre (ALAC)
<b>Student health considerations</b>  <b>If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details below.</b>	
<b>Special considerations</b> <i>If the proposed excursion poses any health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below: e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.</i>	
<b>Details</b>	
<b>Parent/carer/guardian consent</b> <b><i>Please tick each box to give your consent:</i></b>  <input type="checkbox"/> I give permission for my child to receive medical treatment in case of emergency.  <input type="checkbox"/> I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.  <input type="checkbox"/> I give permission for my child to travel on a bus with or without seatbelts.	

<b>Emergency Contact</b>			
Name		Name	
Daytime Contact		Daytime Contact	
After hours		After hours	
Mobile		Mobile	
Relationship		Relationship	

I consent to	(Your child's name)
participating in a water-based excursion to:	In term swimming lessons – ALAC
on (Date)	Monday 1 September 2025 - Friday 5 September 2025 Monday 8 September 2025 - Friday 12 September 2025
Signed	
Date	

**Please return this form and \$82.00 for the excursion to the school by:  
Monday 25 August 2025**



### Interm Swimming ENROLMENT FORM

#### TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ Age \_\_\_\_\_ School Albany Primary School  
(Full Name PRINT BLOCK LETTERS)

Room Number \_\_\_\_\_ permission to attend Department of Education's Interm Swimming classes at Albany Leisure and Aquatic Centre  
Commencing on 1 Sept 2025 Enclosed is payment of \$ 82 (Lessons for Government schools are free. Payment is for transport and pool entry)

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 below if necessary\*\*

Please provide details of medication currently being taken (if applicable): \_\_\_\_\_

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g. previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

\*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

\*\*If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	
1. Beginner	8. Water/Surf Wise
2. Water/Surf Discovery	9. Senior
3. Preliminary	10. Jnr Swim & Survive/ Surf Stage 10
4. Water/Surf Introduction	11. Swim & Survive/ Surf Stage 11
5. Water/Surf Safe	12. Snr Swim & Survive/ Surf Stage 12
6. Junior	13. Wade Rescue/ Surf Stage 13
7. Intermediate	14. Accompanied Rescue/ Surf Stage 14
	15. Bronze Star (pool only)

My child is going for Stage Number

☐

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 (3) Department of Education certificates.

☐

Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

