HELENSBURGH PUBLIC SCHOOL
11 Fletcher Street, Helensburgh, NSW 2508
T 4294 1332 F 4294 3676
Email: helensburg-p.school@det.nsw.edu.au

Excursion Information & Consent Form

Name of Excursion: ***Department Of Education School Swimming And Water Safety Program***		
Class: ***Years 2 & 3 students who have not reached a satisfactory standard of water safety & survival skills and are unable to swim 25 m confidently unaided in deep water***	Venue: ***Helensburgh Swimming Pool***	Time: ***12.15pm***
Excursion Dates: ***45 minute lessons DAILY FOR TWO WEEKS commencing Monday, 19 November to Friday, 30 November 2018, inclusive***		
Clothing: **Students must wear their school uniform to and from school.**	Required to bring: **Swimming costume, towel, rash shirt, goggles, hat and warm clothing (on cool days) labelled with your child's name in a separate bag.**	
Excursion Information: ***Places are limited and allocated on a first in with payment basis***	Cost: ***$40.00***	Due Date: ***As soon as possible***
Travel: ***Non seat belted bus***	Additional Information: ***It is recommended that students apply adequate sun protection, e.g. an SPF 30+ broad spectrum, water resistant sun screen before the lesson***	
Staff attending & supervising excursion:		
FULL PAYMENT OF $40.00 IS REQUIRED FOR THE TEN DAY (or part thereof) PROGRAM. FIRST DAY OF ATTENDANCE MUST BE NO LATER THAN TUESDAY 20/11/18		

This excursion has the approval of the Principal. If final payment is not paid by the due date the school will assume your child will not be attending the excursion. NO payment will be accepted after the due date unless approved by the Principal. If you have any payment concerns please contact the Principal ASAP.

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Helensburgh Public School Excursion - Permission Note

Name of Excursion: ***Department Of Education School Swimming And Water Safety Program***		
I give permission for:	of Class:	
to participate in the ***Department of Education School Swimming & Water Safety Program***		
Excursion venue: ***Helensburgh Swimming Pool***	Date: ***19 Nov to 30 Nov 2018***	Cost: ***$40.00***
I understand my child will be under the supervision of: Class Teachers		
Medical conditions that the school need to be aware of:		
I have enclosed the correct money & signed the permission note: **YES/NO (Please circle)** I have paid online, my receipt number is _____		
Parent/Carer Signature:	Date:	
Please return the completed consent form with your signature and payment to school by: ***ASAP***		

Principal: **Ewen Neild**