

ASPLEY STATE SCHOOL

Proud to be an Independent Public School

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27 January 2016

Dear Parents,

This term, all students in Years 1-6 will participate in the schools swimming program as part of their curriculum. Swimming classes will commence in week 2 and will finish in week 5 (each class will have a 4 week block). The lesson will be taught by our Physical Education Specialist (Mr Schmidt). Department of Education Regulations requires other adults to be present during the lesson to assist in the supervision of the class.

A minimum of 1 adult helper is needed to assist each class especially in the lower grades. (however 2 or more helpers would be much preferred so as student numbers in groups are smaller), as well as 1 additional helper to provide general supervision (this helper will remain out of the pool).

****Remember: Without these helpers, students will unfortunately not be able to get into the pool.***

******** Please note: Classes without brackets are for Weeks 2-5, and classes in brackets are for Weeks 6-9.***

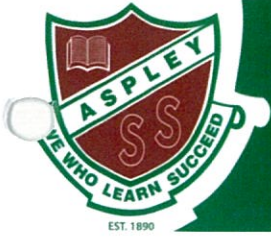
Time	Mon	Tues	Wed	Thurs	Fri
8:40am – 9.40am		3N (3G)	6F (6DA)	4B (4M)	2S (2K)
9.40am – 10.40am		3B (3F)	6MV (6H)	4R (4P)	2D (2C)
10:40-11.20am	Morning Tea				
11.25pm - 12.25pm		5G (5F)	1B (1P)		(1N)
12.25pm – 1.25pm		4C (5O)	1LM (1T)		

If you are able to assist please complete the attached form and return to your classroom teacher as soon as possible. Thank you in anticipation of your assistance.

Yours sincerely

Anthony Schmidt
HPE Teacher

Brendan Smith
Deputy Principal



SWIMMING LESSONS PERMISSION FORM - TERM 1, 2016

Child's Name..... Class:.....

PART A: PARENT HELPER FORM

Please complete the attached **only** if you can assist with your child's swimming lesson

- I am happy to work with a small group in the pool.
- I would prefer to provide general supervision rather than get into the pool.

I am available on the following dates

- I am unable to assist.

Parent/Guardian Name: Parent/Guardian Signature

PART B: STUDENT MEDICAL FORM

Please use a tick (✓) to indicate the statement that best describes your child:

- My child does not suffer from any medical condition which might place him/her at risk in the water
- My child does suffer from a medical condition which might place him/her at risk in the water.

Please tick the applicable medical condition/s:

- 1. Heart/Lung disorder
- 2. Epilepsy
- 3. Severe Asthma
- 4. Diabetes
- 5. Other

Parent/Guardian Name: Parent/Guardian Signature