

Monday 9 September 2024



Hurstville Public School
Forest Road
HURSTVILLE NSW 2220

Ph: 02 9587 3963 Fax: 02 9553 8029
Email: hurstville-p.school@det.nsw.edu.au

**Year 2 – Swimming Intensive Program
Col Jones Swim School**

Dear Parents and Carers,

As part of our ongoing commitment to Physical Education, Year 2 students have the opportunity to participate in a Swimming Intensive Program in Term 4, Week 5. This will assist them with their movement skills and achieve the outcomes per the NSW Physical Education, Health and Personal Development syllabus.

The program will be delivered by qualified swimming instructors at Col Jones Swim School, in Hurstville. Students will attend a 45-minute session **each day** from **Monday 11 November to Thursday 14 November, 2024**. Students will travel by a seat-belted bus to and from the venue.

Students will need to wear their sports uniform every day. **Students need to wear their swimming costume underneath their sports uniform when they come to school.** They will need to bring a small bag to take to the pool each day with a towel, underwear, goggles and swimming cap (optional), hat and water bottle. Students will need to bring recess and lunch (lunch orders are not advised dependent on the time of their lesson and their return to school).

Payment of \$80 for the program is required in order for your child to participate and can be paid through School Bytes. Please note that late payment will not be accepted and payment cannot be refunded in case of student absence. Please complete the permission slip below and return it to school by Monday 4th November 2024.

We look forward to seeing the students' movement skills develop throughout this program.

Mr Mark Steed
Principal

Mrs Nadia Andersen and Ms Kelly Minogue
Year 2 Swimming Coordinators

Please return the signed note to your child's teacher by **Monday 4th November 2024.**

Hurstville Public School- Year 2 Swimming Intensive Program

I give permission for my child _____ of class _____ to participate in the Year 2 Swimming Intensive Program.

I understand that if my child misses a lesson(s) due to illness or misadventure, a whole or partial refund cannot be processed.

I understand that travel to Col Jones Swim School will be via seat-belted bus.

Please indicate any medical conditions: _____

Paid: Yes No

Parent/carer signature: _____

Date: _____