

## **Carlton Public School**

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ABN: 90 240 568 959

31 May 2021

Dear Parents,

Planned Excursion title	Swimming Scheme		
Date and Time of Excursion	Monday 23 <sup>rd</sup> August to Friday 3 <sup>rd</sup> September		
Class/s involved	Years 2-6		
Venue of Excursion	Angelo Anestis Aquatic Centre, 98C Preddys Rd Bexley North NSW 2207		
Outcomes to benefit students' learning program	Stage 1 MOS 1.4 – Demonstrated maturing performance of basic movement and compositional skills in a variety of predictable situations. ALS 1.6 – participates in physical activity, recognizing that it can be both enjoyable and important for health SLS 1.13 – recognizes that their safety depends on the environment and the behaviour of themselves and others. Stage 2 MOS 2.4 – Displays a focus on quality of movement in applying movement skills to a variety of familiar and new situations. Stage 3 MOS 3.4 Refines and applies movement skills creatively to a variety of challenging situations ALS 3.6 Shows how to maintain and improve the quality of an active lifestyle. SLS 3.13 – Describes safe practices that are appropriate to a range of situations and environments.		
Dress	Swimming costume underneath regular school uniform		
Mode of Transport	Bus		
Teachers attending with Emergency Care training	All staff attending have Emergency Care Training		
Special Instructions	Children need to bring a towel, goggles and underwear in a bag clearly labelled with their name. A swimming cap is provided in the cost of tuition.  After paying at the office or online, please complete a swimming survey based on your child's ability at: <a href="https://forms.gle/3zMLaq444qE4aN7w9">https://forms.gle/3zMLaq444qE4aN7w9</a>		
Organising Teachers	Ms He & Miss Damianos		
Cost	\$60 (\$6 per lesson)		
Please return your note to the collection box at the office by:	Limited places available. Spots will be allocated on a first come, first served basis.  Last notes and money accepted on Monday the 2 August 2021 if not filled sooner		

Kind regards, Ms He and Miss Damianos Swim Scheme Organisers

Steven Mead Principal

Swimming Scheme PERMISSION / MEDICAL / PAYMENT		Miss He	
PERMISSION			
I give permission for my child	tween Monday 23 <sup>rd</sup> August and Frid	to attend the day 3 <sup>rd</sup> September and	
Parent/ Carer signed:	Date:		
MEDICAL INFORMATION			
Child's Name:		Class:	
Does your child have any medical conditions or allergies?	YES / NO		
If Yes, please specify in the space provided below.			
Parent /Caregiver Name:	Contact Phone Number	er:	
Signed:	Parent/Guardian D	)ate:	
PAYMENT DETAILS – Due: Monday 2 August 202	1		
\$60.00 (Please tick your method	of payment)		
*School Bytes or POP Online	e Payment <b>Receipt number is</b>		
Cash or cheque			

## \*\*SCHOOL BYTES INSTRUCTIONS

- Click on any previous BLUE payment link sent from <a href="mailto:carlton-p.school@det.nsw.edu.au">carlton-p.school@det.nsw.edu.au</a> in the last 12 months
- Tick 'Swimming Scheme' checkbox on the Statement of Account Page
- Complete Payer details at the bottom of screen

## \*POP Online Payment

- Log onto the school website <a href="www.calrton-p.school@det.nsw.edu.au">www.calrton-p.school@det.nsw.edu.au</a>
- Click on 'ONLINE PAYMENT'
- Complete all "green" colour asterix\* and students Class
   This includes Child's name and DOB, Payer details and C/C details

Any problems please do not hesitate to contact the front office.