

Wauchope Public School

Principal: Cameron Osborne

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2019

Excellence Opportunity and Success



Dear Parent or Caregiver,

Students in Years 5 and 6 will be going on an excursion to Wauchope Swimming Pool on Tuesday 17 December, 2019 for our end of year pool party.

The cost of the excursion is **\$4.00** which includes pool entry. **The money is to be paid to the class teacher.**

Students will walk from Wauchope Public School at approximately 9.15am and return at approximately 2:00pm. All staff attending have CPR training.

The excursion will involve swimming, grass games and access to the pool's canteen. These activities will take place in the 50m Olympic Pool, the baby pool and on the grass area. The school will provide floatation devices to students who may require assistance in the water. **Students will NOT be able to use the diving board on the day.**

Parents will need to nominate their child's swimming ability on the permission note. Students will be restricted to swimming in areas suitable for their swimming ability.

All students are to bring a **hat, swimmers, rash vest, towel and sunscreen.** Students may come out of uniform in sensible clothing. **No singlet tops are to be worn:** rash shirt or t-shirts with a short sleeve must be worn at all times. Water bottles are essential. Please ensure any valuable items are left at home on the day. They may bring party type food to share with their friends and the kiosk will be available on the day. No school lunch orders will be available. **NO ELECTRONIC DEVICES!**

Children who have not been displaying satisfactory behaviour or participated in compulsory swimming sessions during Term 4 for sport may at the Principal's discretion not be eligible to attend the Pool Party.

Mrs Welch

Principal

Please detach and return to your child's class teacher by Tuesday 10 December 2019

I **do / do not** consent to _____ of class _____ participating in an excursion to the Wauchope Swimming Pool on Tuesday 17 December 2019.

My son/daughter has the following special needs (please provide full details and include any relevant medical details):

In relation to the proposed water or swimming activities, I advise that my child is a *(please tick one)*

strong swimmer

average swimmer

poor swimmer

non-swimmer

I advise that my child requires the following floatation device to assist him / her in the water:

Parent Signature

Date