Dear families,

We have recently developed a valuable partnership with Kingswim School. We are now able to offer a swimming program to all Year 3 students. This program is a five week intensive program, with two lessons per week, focusing on technique, stamina and safety.

Date: Monday and Tuesday 14 November – 16 December
Time: 1:30pm – 3:00pm
Cost: $90 total ($9 per lesson, covers two lessons per week for five weeks)
Where: Kingswim, Macgregor
Transport: Students will walk from school to the pool and back again. The groups finishing at 3pm will be picked up from Kingswim or walked back if attending After School Care.

What to bring: Students will need to bring their swimmers, a towel, goggles (if needed) and easy to put on shoes such as thongs or crocs. We ask that students bring these shoes rather than wear them to school as they are not suitable for the first part of the day. Please label all items clearly with permanent marker or iron on labels.

Preferred payment method QuickWeb Fee Code KINGS QuickWeb is the schools preferred payment method

Macgregor Primary and Kingswim Macgregor have made every effort to keep the cost for this activity to a reasonable level. The school has a student support fund to provide financial assistance for students where parents are unable to pay the required excursion costs. Please speak to Tanya Price, Business Manager, if you require assistance.

The permission note must be returned to the school no later than Friday 11 November. Please be aware that notes will not be accepted after the due date. Children without permission notes will not be able to attend the swimming program.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour.

If you have any queries regarding this program please feel free to contact us at school on 6205 7511.

Regards
Janine O’Keefe, Evelyn Robertson, Millie Butt and Dave Combe

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Kingswim Swimming Program

Please indicate in the boxes below your child’s highest swim level or Kingswim ‘K-level’ if known.
I can:

☐ Enter the water by myself  ☐ Put my face in the water  ☐ Torpedo through the water
☐ Kick on my back  ☐ Swim backstroke  ☐ Dive in smoothly  ☐ Freestyle with board
☐ Freestyle without board  ☐ Breaststroke  ☐ Breaststroke & Butterfly  ☐ K-Level __________

I have read the attached information regarding this excursion and understand what it contains.

I give permission for my child ____________________________________ in class _______ to attend the
Kingswim Swimming Program on Mondays and Tuesdays from 14 November till 16 December. I understand that
he/she will be in the care of Macgregor Primary School staff for the day.

I authorise the teacher in charge to make arrangements for the welfare of the student (including
medical or surgical treatment) in an emergency. I agree to meet the costs associated with any
emergency arrangement made by the teacher in charge - free ambulance transportation only applies in
the ACT.

I agree that the student will be under the authority of the school for the duration of the excursion, and
that the teacher in charge is authorised to return the student home at the expense of the
parent/guardian if the teacher in charge considers that circumstances warrant such action.

Full name of Parent/Guardian (please print) __________________________________________

Emergency contact no.__________________________  Date: _______________

Signature of Parent/Guardian: _________________________________ Date: _______________

We have a copy of your child’s Medical Information Form lodged in our records. Please complete the section
below only if your child’s medical circumstances have changed since lodging the form with the school.

ADDITIONAL MEDICAL INFORMATION

NAME: ________________________________________  CLASS: __________

____________________________________________________________________________________________

________________________________________________________________________________________

SIGNED: ________________________________________ DATE: _______________

Payments for the excursion can be made via the following ways:

☐ Quickweb (preferred method) – go to www.macgregorps.act.edu.au – via secure payment tab
☐ I have enclosed cash/cheque of $_____
☐ Deposited the amount of $____ via Internet banking into BSB: 032777  A/C: 001578 (please put
your child’s name & what the payment is for as your reference)
☐ Please deduct $____ from: ☐ Mastercard  ☐ Visa
   Card No: __ __ __ __/ __ __ __ __/ __ __ __ __/ __ __ __ __
   Card Expiry Date: ____/____
   CVC No: ______
   Card Holder Name: _________________________ Signed: __________________________