LYDN.

Online Form - **Learn to Swim**

Activity Name:	Learn to Swim
Date/Time:	• Monday 24 November 2025 11:15am - 3:00pm • Tuesday 25 November 2025 11:15am - 3:00pm • Wednesday 26 November 2025 11:15am - 3:00pm • Thursday 27 November 2025 11:15am - 3:00pm • Friday 28 November 2025 11:15am - 3:00pm • Monday 1 December 2025 11:15am - 3:00pm • Tuesday 2 December 2025 11:15am - 3:00pm • Wednesday 3 December 2025 11:15am - 3:00pm • Thursday 4 December 2025 11:15am - 3:00pm • Friday 5 December 2025 11:15am - 3:00pm
Description:	Merriwa Central School will be conducting an intensive swimming program for all students in Kindergarten to Year 6. The program is conducted over 10 days. Each daily lesson is 30 minutes. The program focuses on weak swimmers who are unable to swim 25m confidently, however confident swimmers will attend as well and participate in a Swim Safety program. Students will be supervised walking to and from the pool. There is no pool entry costs to students.
Venue:	Merriwa Olympic Pool
Transport:	Students will walk to and from the venue supervised by teaching and support staff.
Clothing:	Full school uniform including hat. Students to change into swimmers before and after swimming.
Food:	Students are to bring their own recess and lunch.
To Bring:	Swimmers - boys in speedos or above knee shorts, girls in one piece swimmers. All students must have a swim shirt which covers their shoulders. • a towel and warm clothing on a cool day. • sun protection - hat, sunscreen, rash shirt must be worn. • full school uniform. Please ensure all school and swimming items are clearly labelled.

Educational Outcomes:	NSW Department of Education School Swimming and Water Safety Program
Due Date:	Monday 10 November 2025

Payments can be made on the School Bytes Parent Portal, or at the front office using cash or EFTPOS. Payments cannot be taken over the phone.

* indicates a required field

I have read the above details and give consent for my child, to attend the Learn to Swim *

○ Yes ○ No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

Is your child permitted to swim: *

○ No. As a non-swimmer, I am aware that land-based activities will be provided for my child.

○ Yes. All students will be closely monitored during the swimming activity.

If yes, to assist with planning please tick which statement best describes your child's swimming ability:

○ I don't know how well my child swims. I understand that my child's swimming ability will be graded prior to the activity to determine which swimming or land-based activities are suitable for my child to participate in.

○ A weak swimmer: My child can swim/paddle but is only comfortable in shallow water where they can stand.

○ An average swimmer: My child can swim 25 metres without stopping and is confident in deep water where they cannot stand.

○ A strong swimmer: My child can comfortably swim 50 metres in deep water in one stroke without stopping.

Parent/Carer Signature: *