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8 August 2022

## 2022 SCHOOL WATER SAFETY PROGRAM

Dear Parents/Carers,

The School Water Safety Program (Survival Swimming) is an intensive program focused on personal safety, survival techniques and rescue skills. The program aims to develop the practical skills and knowledge related to keeping safe in the water and the ability to help others in emergency situations.

Students from Years 2-6 are eligible to participate. The program is aimed at students who have not reached a satisfactory standard of water safety and are unable to swim 25m confidently unaided in deep water.

The program will run daily for five consecutive school days, from **Monday 12 September to Friday 16 September**. Instruction will take place at the Whitlam Centre, Liverpool. Students will need to arrive at school at 8:30am each day of the program.

The total cost for the program is **\$44.00**, which includes pool entry and transport. The cost of the program this year has been subsidised by the school, so no Student Assistance will be available.

The consent form and **\$44.00** are due by **Friday 26 August (Week 6)**. As only 57 students can undertake the course, the first 57 fully paid students will be accepted.

### PAYMENT

Using the link on our School Website at [www.casula-p.schools.nsw.edu.au](http://www.casula-p.schools.nsw.edu.au) Click on 'Make a Payment' and follow the prompts to make a payment via Visa or MasterCard.

\$ Make a payment you must enter:

- Student's name
- Class
- Name of Excursion
- Date of birth

If payment by cash is necessary, payment can be made by placing an envelope with permission note and money into the letter box in the School Office.

**ONLINE PAYMENTS ARE PREFERRED**

Karen Goulder  
Relieving Principal

David King  
Sport Organiser

## 2022 SCHOOL WATER SAFETY PROGRAM CONSENT FORM

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the School Water Safety Program classes to be held at the Whitlam Centre from **Monday 12 September to Friday 16 September**. Travel will be by bus. In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require.

Medical Requirements/ Special needs: \_\_\_\_\_

- I have made an online payment. My receipt number is: \_\_\_\_\_ or
- I have enclosed full payment of \$ \_\_\_\_\_
- I would like to use my school credit (please contact the office for available balance).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_