Interm swimming

# Home education student Term 2 application

Applications close on 14 May 2024.

|  |
| --- |
| Parent or guardian details |
| Name |  |
| Address |  |
| Phone number |  |
| Email |  |

|  |
| --- |
| Children’s details |
| Name | **Date of birth** | **Stage to attempt** | **Medical conditions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Select 2 preferences from the lesson options. Mark them as 1 and 2 in the ‘Selection’ column.

|  |
| --- |
| Lesson options  |
| Week | **Date** | **Venue** | **Time** | **Selection** |
| 4 to 5 | 6 to 17 May 2024 | Bayswater Waves | 1:30 pm to 2:10 pm |  |
| 6 to 7 | 20 to 31 May 2024 | Aquamotion Wanneroo | 1:25 pm to 2:05 pm |  |
| 6 to 7 | 20 to 31 May 2024 | Belmont Oasis Leisure Centre | 12:45 pm to 1:25 pm |  |
| 10 to 11 | 17 to 28 June 2024 | Kwinana Recquatic | 1:30 pm to 2:10 pm |  |

If you live more than 25 km from the venue options provided, indicate 2 venues you’d prefer to attend. For a list of venues, refer to [www.education.wa.edu.au/interm-swimming](http://www.education.wa.edu.au/interm-swimming).

|  |  |  |  |
| --- | --- | --- | --- |
| Venue 1 |  | Venue 2 |  |

Tick the boxes to confirm you understand and have completed these actions:

[ ]  I have attached the Department of Education home education letter of currency.

[ ]  I have attached a completed interm swimming enrolment form for each child.

[ ]  I acknowledge as the parent or guardian, I must remain at the lessons with my child.

[ ]  I acknowledge I am responsible for my child’s supervision during the lessons.

[ ]  I understand lesson options may change to meet the needs of the program.

Either email completed forms to interm-metro@education.wa.edu.au or post them to:

Swimming and Water Safety

33 Giles Avenue
Padbury WA 6025