School Excursion for Training Band to Splash Zone

Dear Parent / Caregiver

It is planned that Training Band students are invited to attend ‘Splash Zone’ at The Forum (pool) at Newcastle University grounds on Wednesday 30 November 2016.

**Departing:** From school at 9.00 am on Wednesday morning and returning to school at 12:30 pm.

**Transport** will be by bus.

**The purpose** of this activity is for team building.

**The cost** will be **NIL** (Band will subsidise from fees).

Please advise the school if there are any new medical concerns for your child not previously reported to the school.

**Permission notes** need to be returned to Miss Fittock by Friday 11 November 2016.

**Supervisors** will be Mr. Goeldner and Miss Fittock.

**Requirements:** The students will need water, towels and swimwear that is appropriate for physical activity.

**Additional Information:** Lunch for the attending students will occur upon return to school.

**Water or Swimming Activities:**

This excursion will involve the following Swimming Activities: The children will participate in the Splash Zone activity and in free play in the pool.

These activities will take place at: The Forum (pool) at Newcastle University grounds.

The school is unable to provide flotation devices to students who may require assistance in the water.

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Mr. David Goeldner  
Coordinating Teacher

Mrs. Josie Bailey  
Principal
Eleebana Public School

Permission note for Band Activity - Training Band Splash Zone
Return note to Miss Fittock. Each child needs a separate note.

I/we give my permission for our son / daughter ________________________________ in class ______________ to participate in the excursion activity to ‘Splash Zone’ Newcastle University grounds.

Departing: From school at 9.00am Wednesday 30 November and returning to school at 12:30 pm.

I understand transport will be by bus.

I have notified the school of any medical considerations for my/our child, relating to this excursion/activity.

I give permission for teacher in charge to seek medical treatment for my child if required.

There is no cost for this excursion/activity.

Permission notes need to be returned to Miss Fittock by Friday 11 November 2016. In order for your child to participate in this activity the signed permission note needs to be returned by the due date.

Emergency Contact: ___________________________ Phone No: ___________________________

Water or Swimming Activities

I understand that there will be free play in the pool that will be supervised by school and Splash Zone staff.

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 flotation device to assist him/her in the water: ___________________________

I undertake to provide this device so that my child can participate in the excursion. Yes / No.

I understand the school is unable to provide flotation devices to students who may require assistance in the water

____ I give permission for my child to participate in the water or swimming activities. OR

____ I DO NOT give permission for my child to participate in the water or swimming activities

_________________________________________ / 2016

Parent / Guardian signature