



Dear Parent/Guardian,

Today's Date: 7/2/2017

Below are the details of an upcoming Excursion / School Activity involving your child:

<b>Excursion Name:</b> Swimming Proficiency Assessment	<b>Class/Group:</b> 9MAT
<b>Destination:</b> Peninsula Leisure Centre	<b>Date:</b> 13/03/2017
	<b>Cost:</b> \$5 (included in elective fees)

<b>All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by</b>	<b>Date:</b> 02/03/2017
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<b>Organising teacher:</b> Gabriele Krucler	<b>Email:</b> <a href="mailto:gabriele.krucler1@det.nsw.edu.au">gabriele.krucler1@det.nsw.edu.au</a>
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\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\*

**Excursion description:** To complete a swimming proficiency for all further marine excursions this year. Refer to Assessment Task Notification for further details

**Privacy Advice Notice:** The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity and persons that may be called upon to provide health-care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office.

\*\* Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus costs \*\*

<b>Departure details:</b> Time: 12.10pm	<b>Location:</b> BWSC Umina , front gate
<b>Return details:</b> Time: 2.30pm	<b>Location:</b> BWSC Umina , front gate
<b>Transport:</b> Travel by: Hire bus	
<b>Dress Requirements:</b> School uniform	<b>Other Requirements:</b> Towel, board shorts, plus clothes that can get wet (shoes, thick jeans/trackies, shirt)

Gabriele Krucler

Excursion Co-ordinator

Margaret Robson

Head Teacher

## Swimming Proficiency Assessment Permission Note

Student name:

Roll call class:

Sub Dissection Code: 044 446

I hereby consent to my child attending the **Swimming Proficiency Assessment on 13 March 2017** and travelling by hire bus to and from the venue. I consent to paying the cost of \$5 and understand that it is an extra-curricular activity and that all elective fees must be paid prior. I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour.

Emergency Contact name:

Emergency Contact Ph number:

Signed:

Date:

Medical condition (circle if applicable) Asthma Anaphylaxis Allergies

Other :

Does the medical condition indicated, require an action plan? YES / NO

Medicare Number :

Online payment receipt number Amount : \$

Office Use only:



\*Proceed to BWSC Umina website (Make a Payment)  
(Only complete fields with green asterisk)

Sub Dissection Code: 044 446