



# MENAI HIGH SCHOOL

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Principal  
**B Ellevsen**

Deputy Principal  
**R Allen**

Deputy Principal  
**E Sayed-Rich**

Deputy Principal  
**L Meagher**

30/7/2019

Dear Parents/ Caregivers

A Swimming / Lifesaving program will be run for all Year 7 students during weeks 6 and 7 this term. The program caters for students of all swimming abilities from learn to swim to advanced swimmers. Sutherland Leisure Centre provides the teaching staff, all of which are qualified instructors. Students will improve their swimming ability, learn lifesaving techniques and resuscitation skills.

This activity is an essential part of Menai High School's PD/H/PE syllabus and also forms the basis for assessing each student's swimming ability for school records. As a part of this course students will undergo the DET's compulsory 'Water Survival Challenge Test' which is required to be performed by students wishing to participate in any 'unstructured aquatic activity', such as end of year water based excursions and camps, e.g. Jamberoo Water Park Excursion held in Term 4.

The record of swimming ability is essential for planning water based excursions and camps that students will be involved in over the coming terms. Students who do not have a school record which testifies to their swimming ability and have not completed the 'Water Survival Challenge Test' will not be able to participate in aquatic activities held at other times during the school year until they have completed that test with a qualified instructor.

Please note: Due to booking commitments for instructors, once the final numbers are confirmed with council for attendance, no refund will be given if a student does not attend one or more days of Swim School. This is the Sutherland Shire Council's Policy.

Both pools are heated and in poor weather the groups are moved indoors. Details are as follows:

<b><u>Dates:</u></b>	7M, 7N, 7I, 7S, 7L	Monday	26th August
		Tuesday	27th August
		Wednesday	28th August
	7A, 7E, 7G, 7H	Monday	2nd September
		Tuesday	3 <sup>rd</sup> September
		Wednesday	4 <sup>th</sup> September

**Cost:** \$ 100.00 per student. Includes bus, pool entry, instruction and certificate.

**Payment needs to be made by Wednesday 14th August. WEEK 4**

**Departure:** 8.55 am each day from the bus bay.

**Return:** 3.00 pm each day. Students will be dismissed on arrival back at school.

**Equipment:** Swimming costume (one piece for the girls is preferred)

Rash shirt

Towel x 2

Sunscreen

Hat

2 Plastic bags for wet towel and clothes

Water

Lunch or money for the canteen (canteen can take a very long time to get food when in their busy times)

Set of old clothes to be worn for swim test on the last day

Pen and clipboard

**School sports uniform is to be worn over the three days**

Should you have any questions regarding this program, please contact Mrs J. Hely in the PD/H/PE faculty.



Matthew Robinson  
PD/H/PE Head Teacher



Janelle Hely  
PDHPE Teacher



Mr Bernard Ellevsen  
Principal

**TO BE RETURNED WITH PAYMENT AND MEDICAL FORM TO THE**  
**FRONT OFFICE**

I give permission for my son / daughter \_\_\_\_\_

of class \_\_\_\_\_ to be involved in the Year 7 Lifesaving Program.

Parent's Signature: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Payment and all forms need to be made by Wednesday 15th August**  
**Week 4.**

P.T.O  
for Medical Form

# Menai High School



Care and Commitment

## Medical Information

(Confidential - Available only to the Teacher-in-Charge)

Student's Name: .....

Organising Teacher: ... Mrs. Janelle Hely .....

Excursion: ... Yr 7 Swim School ..... Date: .....

Home Address: .....

Date of Birth: ..... Telephone: .....

### Emergency Contact Numbers

Father's Business No: ..... Mother's Business No: .....

Other contacts: Name: ..... Phone: .....

Name: ..... Phone: .....

Name of Student's Doctor: ..... Doctor's Phone No.....

Medical Condition (including anaphylaxis and allergies): .....

Physical disabilities: .....

Special foods: .....

Medication being taken: .....

Special treatment needed in an emergency: .....

Emergency medication NOT to be given: (e.g. Penicillin) .....

Activities to be avoided by this student: .....

Any other relevant information: .....

### Water or Swimming Activities (Please tick)

In relation to the proposed water or swimming activities: I give permission/I do not give permission for my child to participate in water/swimming activities. I advise that my child is a:

- Strong Swimmer
- Average swimmer
- Poor swimmer
- Non-swimmer