

# St Joseph's School

Dear Parents & Guardians,

#### ASDAN Year 10-11 Water Skills Course - Term 4

During Term 4, (child's name) will be heading down to the Pool at the Northam Recreation Centre to continue with their ASDAN Water Skills Course. The course develops essential swimming, survival and safety skills in a controlled aquatic environment.

### **Key Details:**

**Venue:** Northam Recreation Centre Pool

**Dates:** Between the dates of 15<sup>th</sup> October and 17<sup>th</sup> November

### Times:

Mondays: 11.30am – 12.30pmWednesdays: 10.10am – 10.50am

### **Supervising Staff:**

Staff that will be attending the pool with the small group of three students will be Mrs Natalie Williamson-Holley (Qualified Bronze Medallion) and Mrs Sally Clements.

## **Transport:**

Students will travel by staff vehicle to and from the Northam Rec Centre Pool.

#### **Student Requirements:**

- Bathers and towel
- Rash vest (if preferred)
- Sunscreen (applied before departure, with extra for reapplication)
- Water bottle

#### **Parent Permission Required:**

A permission slip will be sent home with (child's name) that will need to be signed and returned to Ms Williamson-Holley by **Monday 13**<sup>th</sup> **October.** 

If you have any further questions regarding the Water Skills Course, please feel free to email Ms Williamson-Holley via <a href="Matalie.Williamson-H@cewa.edu.au">Natalie.Williamson-H@cewa.edu.au</a>.

Yours sincerely,

Natalie Williamson-Holley **ASDAN Teacher** 

Sharon Cusack

**Head of Secondary** 

25<sup>th</sup> September 2025

# St Joseph's School

# ASDAN WATER SKILLS PROGRAM - TERM 4 - PARENT PERMISSION SLIP

Parent/Guardian Consent	
I give permission for my child:	
Student Name:toto	o attend the ASDAN ove dates and times.
I understand that:  · My child will be supervised by school staff at all times.  · All reasonable care will be taken for the safety of students.  · In the event of an emergency, staff will take necessary action and conpossible.	tact me as soon as
Emergency Contact Name:	
Phone Number:	
Medical Information (e.g., allergies, asthma, conditions):	
Parent/Guardian Name:	
Signature: Date:	