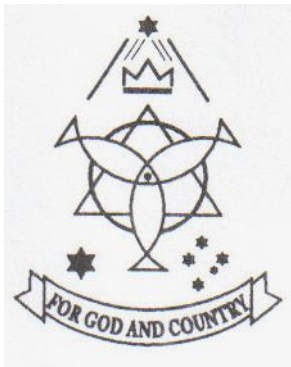




St Edward's Swimming Carnival



# St Edward's School

Principal: Gary McSweeney

**All Correspondence to:**

**PO Box 5225**

**South Tamworth 2340**

**Primary Dept:**

Hillvue Rd

South Tamworth 2340

Ph (02) 67657 847

Fax (02) 67620 376

**Infants Dept:**

Robert St

South Tamworth 2340

Ph (02) 67658 569

Fax (02) 67621 694

Tuesday 30<sup>th</sup> January, 2018

Dear Parents/Guardians,

As you are aware, tighter regulations were introduced by the NSW State Government in an attempt to improve safety at school swimming carnivals and school based swimming lessons. Therefore, it is now a requirement that parents assess their child's swimming ability at the start of any water based program. With our Term 1 Swimming Carnival on Thursday 8<sup>th</sup> February 2018, we need the attached form filled out to the best of your ability and send it back to your child's class teacher as soon as possible.

**Please Note: No St Edward's child will be allowed access to a public swimming pool for a school based event before this form has been completed.**

Yours sincerely  
Karl Short  
Sports Coordinator

**PARENT ASSESSMENT  
NOTE MUST BE  
RETURNED BY  
FRIDAY 2nd February  
2018**



**St Edward's Primary School**  
**Parental Assessment of Child's Individual Swimming Ability**  
**Term 1 2018**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

**PARENT ASSESSMENT  
NOTE MUST BE  
RETURNED BY  
FRIDAY 2nd February  
2018**

Please indicate whether your child can complete any of the following tasks.

<i>Task</i>	<i>25 Metres</i> <i>(Half a Lap of Olympic Pool)</i>	<i>50 Metres</i> <i>(Full Lap of Olympic Pool)</i>
Freestyle (times for 50m if known)		
Breaststroke (times for 50m if known)		
Backstroke (times for 50m if known)		
Butterfly (times for 50m if known)		
Tread water for 30 seconds		
Tread water for more than 3 minutes		
Retrieve a floating object approximately 5 metres from the edge of the pool.		
Retrieve an object from the bottom of the pool (shallow end).		
Non Swimmer		
Train with a swimming club	..... Years	..... Months

**Additional Information**

Please provide any additional information which you believe may be beneficial in gaining an assessment of your child's swimming ability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian