17 October 2025

Year 6 End of Year Excursion – Outback Splash

Dear Parents
On Friday 28th November 2025, all Year 6 students are invited to attend an excursion to Outback Splash. The children will have the opportunity to celebrate the end of Year 6 and an end to their time at APS. It is an opportunity for students to connect with all students and teachers from both classes.

Where:	Outback Splash
Date:	28th November 2025
Time:	Bus will depart school at 9.00am Bus will arrive back at school at approximately 3.30pm.
Wear:	All children must wear full school uniform. No faction tops.
What to bring:	Students should wear their bathers under their clothes and bring a backpack with, towel, sun cream, a water bottle, snacks and lunch. Alternatively, they may purchase food and drinks from the food outlets at the venue. Students should not bring more than $25.00 to spend.
Cost:	**$40.00**

Please return the permission slip, swimming enrolment form and payment by Friday 14th November 2025.

Any queries please don't hesitate to contact us.

Kind Regards,
Megan Teede, Tanaya Barnes and Rachael Hogg

ATTADALE PRIMARY SCHOOL – PAYMENT SLIP

Student: _____Room # _____

Name of event: _____ Permission Slip attached: ☐

Payment Amount: $ _____ Payment Method: *Please circle*

Cash / Cheque / Credit Card / Bank Transfer/ Upfront Payment (Deduct from Account)

C/C # _____/ _____/ _____/ _____ Exp: _____ / _____

Signature of Cardholder: _____

Attadale PS: BSB 066 163 Account 0090 3316 Transfer receipt #:_____
(Please use name as reference)

OFFICIAL

Outback Splash Excursion

I consent to _____ Room #_____ participating in an excursion to Outback Splash on Friday 28th November 2025.
I have enclosed $40.00 as payment.

I give permission for my son/daughter to receive medical treatment in case of emergency.
I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signed……..(Parent/guardian) Date……

TO BE COMPLETED BY PARENT:

Water Based Excursion Permission

I give my child _____ Age _____ School Attadale Primary School
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend **Outback Splash End of Year Excursion on Friday 28 November** -

Enclosed is payment of $40

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? ☐ **NO** ☐ **YES** Please provide further information below if necessary**

Please provide details of medication currently being taken (if applicable):

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL

**Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.*

***If necessary please consult your Principal well in advance of swimming lessons to discuss appropriate learning adjustments.*

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary

Stage Number	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10.Jnr Swim& Survive/ Surf Stage 10
3. Preliminary	11.Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12.Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13 Wade Rescue/ Surf Stage 13
6. Junior	14.Accompanied Rescue/ Surf Stage 14
7. Intermediate	15 Bronze Star (pool only)

My child is going for Stage Number ☐

Unsure please grade ☐

My child has attempted this 'going for' stage three times in Department of Education classes without passing ☐
Please attach copies of last three (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)