



BELRIDGE SECONDARY COLLEGE

An Independent Public School

17 Gwendoline Drive, Beldon WA 6027
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W: www.belridgecollege.wa.edu.au
ABN 67 170 041 476

Principal: Mrs. Sharon Lyon

Dear Parent/Guardian,

On Friday, 7 March 2025 the College will hold our annual **Belridge Belsurf Carnival** at Sorrento Beach. This event is a compulsory school day, offering all students the chance to participate and enjoy a lively beach carnival atmosphere while competing in water based and beach events to represent their House. Students will have the opportunity to compete for ribbons in various events, runner-up medallions, and the overall champion trophy for both males and females in each year group.

As a sun safe school, we encourage all students to bring a hat, plenty of water and sunscreen. Shade marquees will be in place along the beach for students along with places to refill water bottles and apply sunscreen.

Staff from the College, along with lifeguards from Sorrento SLSC, will accompany students throughout the day as they rotate through various activities to earn points for their houses. First aid officers, St John's Ambulance, and staff with surf life-saving qualifications will supervise the event to ensure it runs smoothly.

CARNIVAL DETAILS:

Location: Sorrento Beach (in-front of the Sorrento SLSC rooms).

Transport: Students attend school and will be transported to and from beach on Swan Transit buses.

Times:
8:40am: Students arrive at school at normal time and report to their form class
9:15am approximately leave school and travel to Sorrento Beach via Swan Transit buses
9:40am to 2:15pm: Students participate in Belsurf carnival at Sorrento Beach
2:20pm: Students depart Sorrento beach and arrive back to school at approximately 2:40pm
2:40pm: Students dismissed from school

Uniform: Students are encouraged to dress in their House colours (**MARLINS: GREEN**, **SHARKS: YELLOW** and **MANTA RAYS: BLUE**) and wear sun smart bathers appropriate for school (no string bikinis). **Swim shorts are essential** for all students. A Rashie or a T-Shirt is recommended.

Food: All students are encouraged to bring their own lunch and snacks for the day. If students would like to purchase additional food, there is a kiosk by the beach where some food is available to buy.

Please note that students are **not permitted to bring BALLS**. Additionally, if students bring valuables such as phones, wallets, etc., the College takes no responsibility for students' personal valuables.

Please ensure you return the attached completed 'permission slip and medical information form' to your child's Form Teacher as soon as possible, and no later than Wednesday, 5 March 2025.

Paul Bennett
HOLA of Health & Physical Education
Enc.

BELSURF PERMISSION SLIP

Please complete ALL sections, sign and return to **Form Teacher** no later than **Wednesday 5 March 2025**. Thank you.

STUDENT DETAILS

Students name	Form:
Date of Birth	Year:
Parent/guardian name	Mobile:
Emergency contact	Mobile:
Family doctor	Phone:

SWIMMING CAPACITY

Please tick the appropriate box to indicate your child's swimming ability:

My child is a non-swimmer who must not enter the water under any circumstance	
My child is a weak swimmer and should be restricted to shallow water (waist height)	
My child is a competent swimmer and can swim at least 25m in open water	
My child is a proficient swimmer and can swim at least 50m in open water	

Highest level swimming level achieved: _____

MEDICAL INFORMATION

Does your child have any medical conditions?	Yes/ No
If yes, please provide information.	
Is your child currently taking any form of medication?	Yes/ No
If yes, please provide information.	
I agree to inform the College before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, school staff may call an ambulance and/or transport them to a medical centre for medical assessment. The Department of Education and/or Belridge Secondary College is not responsible for covering any costs associated with ambulance transfers or medical assessments.	Yes/ No

Parent/Guardian signature:	
Date:	