



## BAYSWATER WAVES SWIM SCHOOL SUSPENSION APPLICATION FORM

A Suspension Form must be completed and returned to the Swim School Office to suspend perpetual swimming lessons. The minimum time swimming lessons can be suspended for is 2 weeks and the maximum time swimming lessons can be suspended for is 6 weeks.

Suspension Forms are available from the Swim School Office, Front Reception or by email upon request.

Completed Suspension Forms can be submitted in person to the Swim School Office or via email to [swim.school@bayswater.wa.gov.au](mailto:swim.school@bayswater.wa.gov.au).

The Suspension Form must be returned to the Swim School Office at least 2 business days prior to you wishing to suspend.

I: \_\_\_\_\_, hereby apply to suspend the following student(s) swimming lessons:

- 1. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_
- 2. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_
- 3. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_
- 4. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_
- 5. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_
- 6. Student: \_\_\_\_\_ Day: \_\_\_\_\_ Stage: \_\_\_\_\_

From (Inclusive)	To (Inclusive)	Total Number of Missed Lessons	Staff Member	Reason

This is my written notification to suspend the above swimming lessons. I understand that by submitting this Suspension Form, the above student / students will not be able to attend swimming lessons during the suspension time.

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

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Credit Amount (DD): \_\_\_\_\_

Planned absence on Courses: \_\_\_\_\_ Credit Applied: \_\_\_\_\_ Confirmation email sent: \_\_\_\_\_

Swim School Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Next debit due: \_\_\_\_\_