

PINELLAS COUNTY SCHOOLS
APPLICATION FOR SWIM PROGRAM

1. SCHOOL APPLYING _____ DATE _____

2. PRINCIPAL _____

3. CONTACT PERSON FOR SWIM PROGRAM _____

4. POOL TO BE USED _____

ADDRESS _____ CITY _____

5. PROPOSED DATES FOR PROGRAM _____
From _____ To _____

(ATTACH COPY OF THE FULL PROPOSED SCHEDULE INCLUDING DATES, TIMES AND NUMBER OF CLASSES)

6. RATIO OF STUDENTS TO INSTRUCTORS _____

7. NAMES OF POSSIBLE INSTRUCTORS

ATTACH COPY OF CURRENT CERTIFICATION

_____ Water Safety Instructor

_____ Water Safety Instructor

_____ Water Safety Instructor

_____ Water Safety Instructor

8. NAME OF NON-INSTRUCTIONAL LIFEGUARD
ON DUTY DURING INSTRUCTION

ATTACH COPY OF CURRENT CERTIFICATION

9. GRADE LEVEL AND TOTAL NUMBER OF CHILDREN INVOLVED

K _____ 2 _____ 4 _____ 6 _____ 8 _____

1 _____ 3 _____ 5 _____ 7 _____ HS _____

10. PROVISIONS FOR TRANSPORTATION

11. COST, IF ANY, TO THE STUDENTS _____

12. PROVISIONS FOR STUDENTS NOT PARTICIPATING

COPIES WILL BE DISTRIBUTED **AFTER** ALL SIGNATURES ARE OBTAINED.

PRINCIPAL

ASSOCIATE SUPERINTENDENT - TEACHING & LEARNING SERVICES

DIRECTOR - PE ATHLETIC & EXTRACURRICULAR ACTIVITIES

RISK MANAGEMENT - SAFETY & LOSS PREVENTION COORDINATOR

White – Principal Yellow – Associate Superintendent - Teaching & Learning Services Pink – Director - PE Athletic & Extracurricular Activities Gold – Risk Management - Safety & Loss Prevention Coordinator