

École Swan River South School

Swan Valley School Division

K WOODWARD, Principal

J LEADBEATER, Vice-Principal

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Swan River, MB R0L 1Z0

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Hello Everyone,

On Tuesday December 9th, and Tuesday December 16th, the French Immersion students from ESRSS will have the opportunity to go to the Swan River Centennial Arena to go skating. There is no cost to participating in this event.

We will depart from the school on at 1:25 and return on the same day at 3:00. We will be taking the bus there and back so please ensure your child has a proper bag to carry skates and helmet. **CSA approved helmets are required to be on the ice. NO SKIING, SNOWBOARDING, SKATEBOARDING OR BIKING HELMETS.** If you are having trouble finding equipment please inform the school ASAP, we may be able to help. If your child has an inhaler, epipen or another medical device please be sure to send this with your child.

If you intend on coming to the arena to help your child with their skates, please let child's classroom teacher know.

All permission forms must be signed and returned by no later than the morning of Friday, December 5th to their homeroom teacher. If your son or daughter has not returned their form by this time, they will not be going skating.

Any questions or concerns, please feel free to email me at jeisler@svsd.ca, or call the school at 204-734-4518.

Thanks!

Jamie Eisler

K-8 PE Teacher

ESRSS



"Co-operate, Motivate, Educate"



SVSD PARENT PERMISSION FORM

ESRSS

would like your consent for your son / daughter to participate in the following activity(ies):

Skating

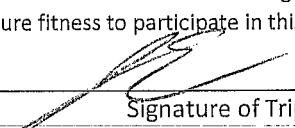
Type of Out of School Experience ☒ Day Trip ☐ Overnight Trip

Date(s) of Trip:	Dec 9 and 16, 2025		
Destination:	Swan River Arena		
Transportation:	Bus		
Reason for Trip:	Skating		
Accommodations:	None		
Departure Time:	1:25pm	Return Time:	3:00pm
<input checked="" type="checkbox"/> Additional Trip Information Attached (cover letter, trip details, itinerary)			

Transportation ordinarily will be by Division bus(es). However, occasionally it is necessary to arrange transportation by division van or parent vehicles when buses are not available. (R5.36.1)

It is understood that your son/daughter is to obey all school rules and that disciplinary action will be taken if deemed necessary.

Elements of Risk: Educational activity programs, such as the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. It is recommended that your son/daughter have a recent medical examination to ensure fitness to participate in this school program.


Signature of Trip Supervisor

Nov 18 / 2025
Date

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. ALL STUDENT MEDICAL & CONTACT INFORMATION FOR THIS TRIP WILL BE TAKEN FROM THE SCHOOL DATABASE AS OF SEPTEMBER OF THE CURRENT SCHOOL YEAR.

PLEASE FILL IN MEDICAL & CONTACT INFORMATION ONLY IF THERE HAVE BEEN CHANGES to information filed at time of annual registration.

Recent Injury / Illness:	_____	Medication:	_____
MB Health: 6-Digit #	_____	MB Health: 9-Digit #	_____
Family Doctor Name:	_____	Phone Number:	_____
Home Phone:	_____	Work Phone:	_____
Emergency Contact:	_____	Cell Phone:	_____
		Phone Number:	_____

ACKNOWLEDGEMENT:

I, _____ understand and accept the above, and hereby give permission for
(Parent / Guardian's Name)

_____ to participate in the _____
(Student's Name)

I HAVE READ THE ABOVE INFORMATION AND DO HEREBY GIVE MY CONSENT.

Signature of Parent / Guardian

Date