



# Lyndoch Primary School

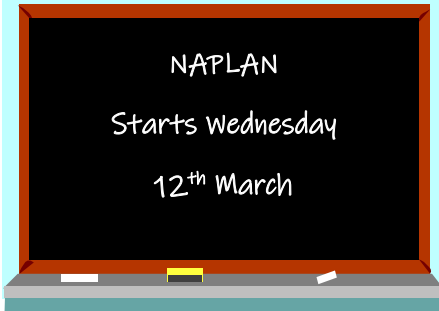
**Achieving Together**

Respect - Resilience - Collaboration - Self Responsibility



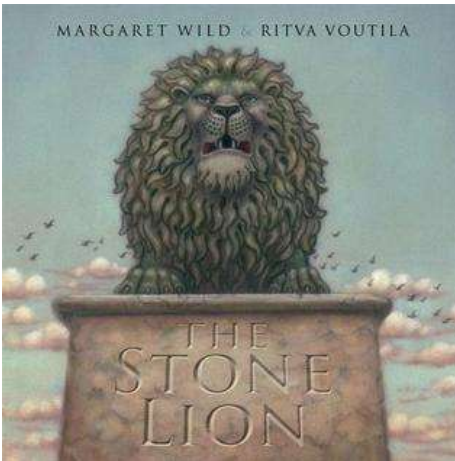
Government of South Australia  
Department for Education

TERM 1, Week 6



Principal – Michael Walsh  
Finance Officer - Bec Rowbottom  
PCW - Jo Herrmann

From Our Library  
The Stone Lion  
Margaret Wild  
And  
Ritva Voutilainen



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Dear Parents and Caregivers

On Friday the teaching and SSO staff completed training about the Zones of Regulation.

The Zones of Regulation is a framework designed to teach students how to recognise their feelings, regulate their emotions, and use strategies to stay focused and engaged in their learning. It categorizes emotions into four color-coded zones:

**Blue Zone** – Sad, tired, sick, or bored

**Green Zone** – Happy, calm, focused, and ready to learn

**Yellow Zone** – Anxious, frustrated, excited, or silly

**Red Zone** – Angry, overwhelmed, or out of control

Understanding these zones helps children develop self-awareness and learn techniques to manage their emotions. Research shows that when students can regulate their emotions, they are better able to focus, engage in learning, and build positive relationships with others.

We believe that teaching these skills will not only support students in the classroom but also help them in everyday life. Our teachers will integrate the Zones of Regulation concepts and strategies into lessons and classrooms to promote positive regulation, assist concentration and improve students' ability to learn.

Regulation is something everyone continually works on whether we are aware of it or not. We all encounter trying circumstances that can test our limits. If we can recognise when we are becoming less regulated, we are able to do something about it to manage our feelings and get ourselves to a healthy place.

Mike Walsh  
Principal



## NAPLAN

NAPLAN (the National Assessment Program – Literacy and Numeracy) is a national test undertaken by year 3, 5, 7 and 9 students designed to provide information about students' literacy and numeracy achievements.

NAPLAN starts this Wednesday 12<sup>th</sup> March and will continue until all year 3 and 5 students have completed the assessments.

All assessments are completed on a computer except for the Yr 3 Writing assessment, this is completed on paper.

**The NAPLAN Test period is 12<sup>th</sup> – 24<sup>th</sup> March**



If you have questions or would like further information, please contact the front office so we can help.

## Harmony Week

Harmony Week is the celebration that recognises our diversity and brings together Australians from all different backgrounds.

It's about inclusiveness, respect and a sense of belonging for everyone.

This year we will celebrate Harmony Week on Wednesday 2<sup>nd</sup> April, The same day we celebrate Clean Up Australia Day. Please dress in orange colours to show our support for Harmony Week.



## Parent Teacher Interviews

Parent Teacher interview request times were sent home recently and were due back at school last Thursday 6<sup>th</sup> March. Confirmation of Interview times was sent to parents today with students. Look for the note in a white envelope in students bags.

Interviews will generally be held between 26<sup>th</sup> March and 2<sup>nd</sup> April.

Parents can always request an appointment with the class teacher. Please contact the teacher through Seesaw or contact the front office to arrange a time.



## Governing Council

The next Governing Council Meeting will be held on Monday 17<sup>th</sup> March at 6:30 pm.

## Clean Up Australia Day

Thirty-five years ago, Ian Kiernan, AO, an "average Australian" had a simple idea to make a difference in his local community. This has grown to become Australia's largest community-based environmental event.



We are very lucky to be living in such a beautiful and picturesque part of the world

We plan to hold our own Clean Up Australia Day event by walking from the school to the Lyndoch Village green, to find and collect rubbish and care for our environment. After our rubbish collection we will have lunch in the park by the main street and return to school. Parents are welcome to joins us and help with the safety and supervision of children.

Lyndoch Primary School will hold Clean Up Australia Day on Wednesday 2<sup>nd</sup> April. Further details will communicated via Seesaw.





## Swimming Lessons

Swimming sessions at Starplex begin in week 11 (7/4/25 – 11/4/25)

Each child must return three forms to attend swimming lessons

1. A Swimming /Aquatics form
2. A Swimming ability/knowledge form
3. Permission to travel to and from the pool by bus form.

We would appreciate all forms returned by Friday March 21<sup>st</sup>.



These forms will be included with the Newsletter at the end. Please return them together with payment as soon as possible.

## Whole School Meetings

Whole School Meetings are a great way for parents to see work that their children have done through the term and also a fantastic way for children to share their work with each other.

Whole School Meetings will be held three times each Term on Fridays in weeks 3, 6 and 9. They will start at 9.15am and should finish by 10:00am.

Dates for assemblies this term are:

Friday Week 9 – 28<sup>th</sup> March

### BREAKFAST CLUB

BREAKFAST CLUB WILL BE OFFERED AT VARIOUS TIMES THROUGHOUT THE YEAR DEPENDING ON FOOD AVAILABILITY.

**MAY INCLUDE FOOD SUCH AS**

- TOAST WITH MARGARINE, JAM OR VEGEMITE
- CHEESE TOASTIES
- FRUIT
- CEREAL
- MILO

BREAKFAST CLUB IS OPTIONAL, FOOD DONATED BY KICK-START.

LIMITED SUPPLY & MAY VARY.

**IF YOU DO NOT WISH FOR YOUR CHILD TO PARTICIPATE, PLEASE LET STAFF KNOW**

## HOT CROSS BUN FUNDRAISER

SUNRISE BAKERY HOT CROSS BUNS

ORDERS TO BE COLLECTED FROM THE SCHOOL

FRIDAY 4TH APRIL 2025

TRADITIONAL	\$7.50	X _____	= \$_____
FRUITLESS	\$7.00	X _____	= \$_____
CHOCOLATE CHIP	\$7.50	X _____	= \$_____

**PACKS OF 6**

NAME \_\_\_\_\_

ENCLOSED \$\_\_\_\_\_

ORDERS TO BE PLACED BY 9AM THURSDAY 27TH MARCH

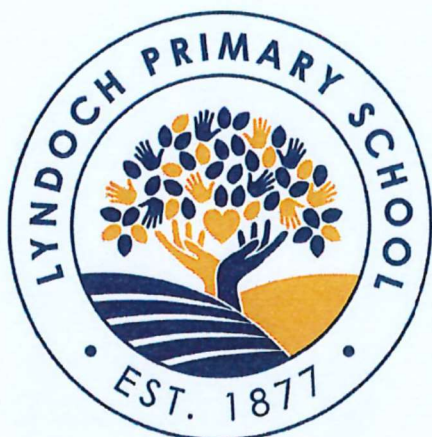
**FROZEN FLAVOURED MILK \$2.50**

**FROZEN JUICE BAR \$2**  
Made from fresh pressed apples

**OPENING TIMES WILL BE ADVERTISED ON SEESAW (Cash only)**

## WHAT'S ON IN TERM 1

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7 NAPLAN testing week	10/3 <b>ADELAIDE CUP</b>	11/3	12/3 NAPLAN	13/3 NAPLAN	14/3 NAPLAN
8 NAPLAN Testing week	17/3 NAPLAN	18/3 NAPLAN	19/3 NAPLAN	20/3 NAPLAN	21/3 NAPLAN
9	24/3	25/3	26/3 Interviews	27/3 Interviews	28/3 Whole School Meeting – Year 4/5/6
10	31/3 Interviews	1/4 Interviews	2/4	3/4	4/4
11 Swimming Week	4/4 Swimming	8/4 Swimming	9/4 Swimming	10/4 Swimming	11/4 Swimming  Last day of term 2.15pm dismissal



# Lyndoch Primary School

ACHIEVING TOGETHER

## SWIMMING 2025

Swimming sessions at Starplex begin in week 11 (7/4/25-11/4/25). Children will be travelling to and from the pool each day by bus.

Each child **MUST** return **THREE FORMS** to attend swimming lessons by **Friday 21<sup>st</sup> March**.

- (1) a Swimming/Aquatic form (Each child must have a separate form)
- (2) a swimming ability/knowledge form to assist with reducing the placement time of children into ability groups on the first day. (Each child must have a separate form)
- (3) permission to travel to and from the pool by bus form (see below)

Please return these forms with payment to the office as soon as possible. If your child is **unable** to attend swimming week a **written letter is required** to let staff know that your child will not be part of the school's programme. If there are any issues with payment please speak to myself or Bec.

Thanking you in anticipation

Mike Walsh  
Principal

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### SWIMMING 2025

I \_\_\_\_\_ give / do not give permission for \_\_\_\_\_  
to travel by bus to and from the Starplex Swimming Pool and attend swimming lessons 7/4/25-  
11/4/25.

I am aware that this activity is an essential part of the curriculum and that unless payment or a written commitment to pay has been received that my child will not attend. I therefore agree to the pay the amount of \$50.00 for my child to attend the Swimming Lessons.

Parent / Guardian Signature : \_\_\_\_\_

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





## Water Safety ability / knowledge

Please note: the Department for Education Water Safety team **WILL NOT** have any of your child's records.

### **Private Lesson information:**

Has your child ever had **PRIVATE** swimming lessons? YES / NO

Please tick which swim school and indicate level of achievement

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> RLSSA (VACSWIM)                | LEVEL OF ACHIEVEMENT _____ |
| <input type="checkbox"/> STARPLEX SWIM SCHOOL           | LEVEL OF ACHIEVEMENT _____ |
| <input type="checkbox"/> Barossa REX Centre SWIM SCHOOL | LEVEL OF ACHIEVEMENT _____ |
| <input type="checkbox"/> OTHER                          | LEVEL OF ACHIEVEMENT _____ |

### Please circle the answer below.

- Is your child water confident? YES / NO / Unsure
- Is your child confident in deep water? YES / NO / Unsure
- Can your child tread water for 3 – 5 seconds? YES / NO / Unsure
- Can your child float on their back with an aid YES / NO / Unsure
- Can your child float on their back without an aid YES / NO / Unsure

### Can your child do the following:

- |                    |          |                            |                       |                 |
|--------------------|----------|----------------------------|-----------------------|-----------------|
| Propel on stomach: | A little | Half a lap of the big pool | A lap of the big pool | More than a lap |
| Propel on back:    | A little | Half a lap of the big pool | A lap of the big pool | More than a lap |

Thank you for taking the time to fill in the above details. This information will allow children to be placed into the appropriate class.

Child's First Name \_\_\_\_\_ Surname \_\_\_\_\_

School Year \_\_\_\_\_ Teacher's Name(s) \_\_\_\_\_

\_\_\_\_\_



To be completed by the Parent/Carer for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities including as part of a camp or excursion.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

**Section 1: Personal Details**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of School \_\_\_\_\_ Medic Alert No.(if relevant) \_\_\_\_\_

**Section 2: Health Support Information**

Does your child have any health support or medication administration needs that should be considered for this activity? Yes  No

Does your child have a health care need that could affect their safety in the water? Yes  No

If **NO** - please go to Section 3 - Water Safety and Swimming Skills

If **YES** - you must complete this section below:

A written Health Care Plan/Medication Agreement from your child's doctor/treating health professional is required. This may be a copy of the information which you have previously provided to the school or further information related specifically to the aquatic environment/activity.

Asthma <input type="checkbox"/>	Seizures, Epilepsy <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Allergy (e.g. bee sting) <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Medication taken at school <input type="checkbox"/>
Joint condition <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Swallowing / choking <input type="checkbox"/>
Vision impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Communication difficulties <input type="checkbox"/>
Ear condition <input type="checkbox"/>	Skin condition <input type="checkbox"/>	Concussion (within 21 days) <input type="checkbox"/>
Other (provide details) <input type="checkbox"/>		

**IMPORTANT:** Have you attached Health Care Plan/Medication agreement from your child's doctor/treating health professional? Yes

If YES, please attach and ensure all relevant medication is provided.

**NOTE** - Failure to provide a Health Care Plan/Medication agreement will mean that in the event of a medical emergency your child will be treated with standard first aid management.

**Section 3: Water Safety and Swimming Skills.**

Please tick the description that best describes your child's water safety skills and swimming ability.

- Beginner** - my child has limited or no experience and is not confident or comfortable in the shallow water.
- Average** - my child is able to swim 25 metres but is not strong or confident in deep water.
- Strong** - my child is able to swim 50 to 100 metres and is strong and confident including in deep water.

**NOTE:** This will be used to assist in planning the activity and not affect their participation.

**Section 4: Consent to take part in Water Safety activities:**

- \* Supervising staff/instructors will use the site's behaviour management processes needed to ensure the safety and wellbeing of all students.
- \* If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required. The school/preschool will inform me as soon as possible.  
I will cover all medical expenses for my child, but I can ask the department to pay for ambulance costs if my child does not have private ambulance cover.
- \* Where appropriate, I have provided updated health information for my child, including any extra support they need.
- \* The information I have given is accurate. The information provided will be used solely for the purpose of ensuring my child's safety during the water activity and will be used in accordance with the Information Privacy Principles Instruction.

**Parent/carers consent**

I have read and agree with all the information and give my consent for my child to attend this activity	
Name of activity:	Student/child name:
Parent/Carer Name:	
Signature:	Date:
Who can we contact in case of an emergency for the duration of this activity:	
Name:	Relationship to the child/student:
Phone number/s:	



## Standard Health Care Support for the most common health conditions:

### Asthma

Any child currently prescribed asthma medication **must bring** their medication.  
The Asthma Care Plan is required to be attached to this consent form.

#### Standard First Aid:

Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.

No return to the water after two lots of reliever medication within any given session.

### Seizures

Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch provided by the school.

Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.

### Diabetes

First aid as per individual Diabetes Care Plan.

### Allergy

As per the Allergy Specialist Care Plan.

### Drainage tubes in ears.

Ear wrap or fitted plugs to be worn throughout water activities, unless written medical advice is provided saying this is not necessary.

### Incontinence

As per the Health Care Plan. Any accidents that result in contaminated water must be managed as per health regulations.

### Cryptosporidium Infection

Cryptosporidiosis is caused by the parasite *Cryptosporidium*. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools until 14 days after the symptoms have stopped.

### Choking

As per the Health Care Plan.

### Infection

- \* All open wounds must be covered, for the child's own protections, with a waterproof occlusive bandage.
- \* Students with significant unhealed wound(s) will be advised not to enter the water until the wound has closed
- \* Students with ringworm should not commence water activities until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)
- \* Students with tinea should not go into pools or change rooms until at least 24 hours after commencing appropriate treatment
- \* Wearing slip-on footwear while walking in the pool and change rooms may protect against transmission of some infections such as tinea.

### Concussion

If medical treatment is required or a suspected concussion diagnosed, prior to the next participation in physical activity or sport, a medical clearance from a health care practitioner with reference to the relevant injury or condition must be provided with the Water Safety consent form to allow that student to participate. If a concussion is diagnosed, return to schoolwork should take priority over return to physical activity and sport. As recommended in the Australian Concussion Guidelines for Youth and Community Sport ([concussionsport.gov.au](http://concussionsport.gov.au)) a minimum period of 21 days before resumption of physical activity and sport is recommended.

