Child’s name________________ Class______

Please fill in this form to help us group your children for swimming lessons.

1. Is your child happy playing in the water/sea?  
   Yes/no

2. Has your child had swimming lessons?  Yes/no

3. Can your child swim with arm aids?  Yes/ no

4. If your child can swim, how many metres?_____m

5. Does your child have any swimming certificates?  
   Yes/no

   Which ones?____________________________

Please note anything else you feel we need to know.