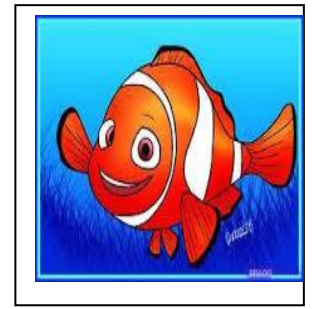


Child's name _____ Class _____



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.

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE
AS SOON AS POSSIBLE – NO LATER THAN FRIDAY 6TH
MARCH.**