

Parental School Swimming Information

Please tick where required ✓

Pupil's name & class			
My son/daughter is currently having swimming lessons	Yes	No	
My son/daughter has previously had swimming lessons	Yes	No	
My son/daughter swims regularly	Yes	No	
Swimming ability: please provide details about how far your son/daughter can currently swim (in metres). If they have lessons, please let us know which stage they are currently swim at?		Metres: Stage:	
Please indicate here if your son/daughter is a non-swimmer or lacks confidence in the water	Non-swimmer	Lacks confidence	
Please indicate if you give permission for your son/daughter to wear goggles. By giving consent you are agreeing to the terms stated in the accompanying letter		Sign for permission	
If any medical conditions have changed, please include details below:			