



## SUMMER TERM SWIMMING 2019

Dear Parent/Guardian,

We would be grateful if you could complete the form below so that we have an idea of your child's swimming ability prior to the lessons during the Summer Term.

**Please complete the form below ticking and crossing as appropriate and return it to school by Wednesday 13<sup>th</sup> February 2019.**

**Childs name:**.....

**Class**.....

**My child is confident in:**

Shallow water

Deep water

**My child cannot swim unaided**

**My child can swim unaided for:**

5 metres

10 metres

25 metres

100 metres

More than 100 metres

My child uses a recognised swimming stroke

**Any other relevant information:**

Parents/Guardians signature: .....

Date.....