



## Swimming Questionnaire

Dear Parent

Please can you complete the following swimming questionnaire.

**Name of child:** \_\_\_\_\_ **Class: Maple**

- |  |        |
|--|--------|
| Do you take your child swimming?                     | yes/no |
| Does your child have swimming lessons out of school? | yes/no |
| Does your child wear armbands in the pool?           | yes/no |
| Can they swim 10 metres without armbands?            | yes/no |
| Can they put their face under water?                 | yes/no |

If you have any further information you would like to provide, please do so in the box below:

Thank you for your help! This will assist us in arranging our swimming groups!

**Please return to school by Friday 24 March 2017.**

Signed \_\_\_\_\_

Date \_\_\_\_\_