



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 Wednesday 18 April.

Signed _____

Date _____