**Appendix Z2**

**Parental School Swimming Information**

Please tick where required √

|  |  |
| --- | --- |
| **Pupil’s Name** |  |
| **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 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:** |