**Schools Swimming Ability Form**

**SCHOOLS SWIMMING DEVELOPMENT SCHEME**

**PLEASE TICK THE RELEVANT BOX TO INDICATE YOUR CHILD’S SWIMMING ABILITY**

Child’s Name ………………………………………………

Child’s Teacher Mrs Aslam/Mrs Haslam

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NON-SWIM** | **BEGINNER** **– 5 METRES** | **10 METRES** | **25 METRES** | **50 METRES+** |
|  |  |  |  |  |

My child has the following medical condition/allergy:

………………………………………………………………………………………………………………………………………

…………………………………………………….………………………………………………….……………………………

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer**

*Please hand this form back to your child’s teacher*

*By* **FRIDAY 29 SEPTEMBER 2023** *Thank you.*

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