

SLIGO SWIM & LIFESAVING SCHOOL.

SWIMMING SCHOOL OF EXCELLENCE.

sligoswimschool@gmail.com

07191-71544 / 086-8512008

RE-ENROLMENT FORM

Please fill in block capitals

SURNAME _____

FIRST NAMES _____

AGE OF CHILD _____

ADDRESS _____

CONTACT NO. home _____ work _____

MOBILE NO. _____

DAY _____ TIME _____

SWIMMING LEVEL Beginner Beginner/Improver Improver
 Lifesaving Swim Fitness

IT IS IMPORTANT THAT YOU RE-ENROL YOUR CHILD AT THE LEVEL THAT THE TEACHER HAS INDICATED.

MEDICAL INFORMATION: If there are any changes to your original application, or additional information, please give details list existing conditions also

WE VALUE YOUR COMMENTS & FEEDBACK. IF THERE ARE ANY WAYS WE CAN IMPROVE OUR SERVICE, PLEASE TAKE A MOMENT TO GIVE US YOUR VALUED OPINION.

DATE AND PARENT'S /GUARDIAN SIGNATURE _____

Receipt no.
Page no.

Total Due.
Cash/Cheque/Deposit.
Bal.Due.