**WELLBEING SURVEY FOR PUPILS IN YEARS 4, 5, & 6.**

**Pupil name: ………………………………………………………. Year:…………**

Please delete as appropriate:

I give consent/ do not give consent for my child

to take part in this survey week beginning Monday 4th June 2018

**Signed: …………………………………Print: ……………………………..Date:…………**