

Return Form

Name of school: Click or tap here to enter text.

I would like our school to participate in the Health Related Questionnaire 2017:

Yes No

For schools wishing to participate:

Name of nominated member of staff: Click or tap here to enter text.

Contact e-mail address: Click or tap here to enter text.

Are you happy for pupils to complete the questionnaire online?

Yes No

Total number of pupils participating in each year group:

Year 4	Year 6	Year 8	Year 10
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Do you have any other year groups you would like to participate?

Yes No

Number of additional pupils in other year groups participating: Click or tap here to enter text.

Please complete the above form and email it to meinir.jones@haringey.gov.uk by 5pm on Friday 20th October 2017.