**Stoughton Infant School**

**School Consultation Response**

**Closing date for responses: 15th August 2014**

1. What is your name? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Name (optional) |  |

1. What is your email address? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Email (optional) |  |

1. What is your relationship with the school? (Tick all that apply.)

|  |  |
| --- | --- |
| Parent of child attending school |  |
| Parent of child that may attend school in future |  |
| Parent of child attending another school |  |
| Member of staff at school |  |
| Governor at school |  |
| Local resident |  |
| Other |  |

1. What is your postcode? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Postcode (optional) |  |

1. Do you agree with the proposed changes to Stoughton Infant School? (Tick one.)

|  |  |
| --- | --- |
| Agree |  |
| Disagree |  |
| Don’t know |  |

1. Do you have any further comments? (You do not have to answer this question.)

|  |
| --- |
|  |

Thank you for completing the consultation response form. **The consultation closes on 15th August 2014.** Please send completed forms by post to

Dr Kathy Beresford

School Commissioning Officer (Stoughton Infant)

Room 326

County Hall

Surrey County Council

Kingston upon Thames KT1 2DN