**Consultation – Response Form**

**Proposed Closure of**

**St Mary’s Catholic School, Pembroke Dock**

**1) Please indicate which of the following reflects your views on the proposal:**

|  |  |
| --- | --- |
|  | **Please tick one** |
| I do not feel strongly one way or the other |  |
| I support the proposal |  |
| I do not support the proposal |  |

**2) Please provide your comments on the proposal.**

**3) Please provide any comments in relation to the continued access to Catholic education provision for children in the St Mary’s Catholic School catchment area.**

**4) Please provide any alternatives you have to the governing body’s proposal.**

**About you:**

**5). Please tell us what your interest is in the consultation?** *(please tick all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pre-school Parent  |  | St Mary’s Catholic School |
|  | Staff  |  | Other school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Parent |  |  |
|  | Governor |  |  |
|  | Local resident  |  |  |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6). Are you?** (please tick only one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Aged 16 or under |  | Aged 65 or over |
|  | Aged 17 – 24 |  | Prefer not to say |
|  | Aged 25 – 64 |  |  |

 |
|  |
|  |
| **7). What is your religion?** (please tick only one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | No religion |  | Sikh |
|  | Christian (all denominations) |  | Prefer not to say |
|  | Buddhist |  | Other, please specify |
|  | Hindu |  |  |
|  | Jewish |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Muslim |  |  |

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|  |
|  |

**PTO**

**Please tick the box if you wish to be informed of the publication of the Consultation Report.**

**You are asked to provide email and postal address details only if you wish to receive a copy of the Consultation Report. Other information you are asked to provide is for the purposes of Equalities Monitoring and will be used for statistical purposes only.**

**Print Name..................................... Email …….................................................**

**Address...................................................................................................................**

**.................................................................................................................................**

**We will make any comments that you make publically available as part of the Consultation Report, unless you ask us not to.**

**Please tick this box if do not wish for your comments to be made publicly available.**

All information will be handled in accordance with the Data Protection Act 1998.

**Please return to: Director for Children & Schools, Pembrokeshire County Council, County Hall, Haverfordwest, SA61 1TP no later than 5pm on Friday 30th November 2018.**

**Thank you for your time**