



**CREDIT UPDATE - PARENTS**



Return form to:  
CU Co-ordinator,  
Rm 116 County Hall,  
Atlantic Wharf, Cardiff  
CF10 4UW  
rwain@cardiff.gov.uk

Name of Pupil \_\_\_\_\_

Age/ Year Group \_\_\_\_\_

School \_\_\_\_\_

ACTIVITY	TERM	YEAR	VENUE	ACTIVITY CENTRE ADDRESS / CONTACT DETAILS	NO. OF HOURS COMPLETED THIS TERM	SIGNATURE OF ACTIVITY TUTOR

Signature of Parent/Guardian \_\_\_\_\_

Contact Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_