



# The future of Carlton and Rhyl primary schools



Some Camden primary schools have too many pupil places that can't be filled



We need to do something about this



We want to **combine** Rhyl and Carlton primary schools to make 1 school



To **combine** schools means joining them together



If the schools combine Carlton will have

- a nursery
- Reception
- a Year 1



If the schools combine the rest of the year groups will be at **Rhyl**











The new combined school will be run by **Rhyl** school











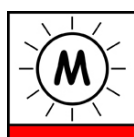
We want to keep the rest of the **Carlton** school building open for education and community use



## We want to know what you think

	Questions	no 	yes 	not sure 
	Do you understand why we want to combine Rhyl and Carlton schools to make 1 school?			
	Do you agree that Carlton school should close and combine with Rhyl school to make 1 school?			
	Do you agree with the way we want to run both school sites?			
	Do you want the Carlton school building to still be used for education and community use?			
	Do you have a child at Carlton school?			

	Questions	no 	yes 	not sure 
	Do you have a child at Rhyl school?			
	Is there anything else you want to tell us?			
	Please send your completed questionnaire to			
	Tom Keech Strategy and Change, Floor 5, 5PS Freepost LBC MAILROOM London Borough of Camden Town Hall London WC1H 9JE			
	Or you can email it to <a href="mailto:carltonandrhylproposal@camden.gov.uk">carltonandrhylproposal@camden.gov.uk</a>			



November  
**16**

Please let us have your answers by  
Monday 16 November

## About you

You do not have to answer these questions but your answers will help us give a better service to different groups of people

### How old are you? (please only tick 1 box)

under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I am a man

☐

I am a woman

☐

### What is your ethnic group? (please only tick 1 box)



White

☐

Asian

☐

Black

☐

Mixed

☐

Other

☐

Do you have a disability?



yes ☐ ✓

no ☐ ✗

Please tick the box (or boxes) that apply to you



learning disability

☐

physical disability

☐

mental health condition

☐

sensory needs

☐

long term illness

☐

other disability

☐

.....



Your name.....



Your address.....

Thank you for filling in this questionnaire