



Registration form

Student's details:

First name: _____

Last name: _____

Date of birth: _____

Gender: Female Male

Medical condition: _____

Allow to go home alone? Yes No

Name of state school/private school: _____

Parents /Guardian details:

First name: _____

Last name: _____

Address: _____

Post code: _____

Contact: _____

Mobile: _____

Email address: _____

Emergency contact 1: _____

Name: _____ Relation: _____

Emergency contact 2: _____

Name: _____ Relation: _____

Permission of use of photo or video of the student for pupil progress? Yes No

Permission of use of photo or video of the student for external publicity? Yes No

Date: _____

Signature: _____