

CONSENT FORM
PRIVATE AND CONFIDENTIAL

Student's full name & surname:
DOB: Home address:
Postcode: Current Primary school:
Boy / Girl (please circle)

CONTACT DETAILS FOR ADULTS RESPONSIBLE FOR STUDENT & EMERGENCY DETAILS

| | |
|---|---|
| Title: Mrs/Miss/Ms/Mr | Title: Mrs/Miss/Ms/Mr |
| Name: | Name: |
| Surname: | Surname: |
| Home address if different from son/daughter Postcode: | Home address if different from son/daughter Postcode: |
| Mobile phone: | Mobile phone: |
| Home telephone: | Home telephone: |
| Work telephone: | Work telephone: |
| Email address: | Email address: |
| Relationship to child: | Relationship to child: |
| Parental responsibility: YES / NO (please circle) | Parental responsibility: YES / NO (please circle) |

Is English your son's/daughter's first language: YES / NO (please circle)
What languages are spoken by your son/daughter at home:
Does your son/daughter have any specific medical needs or allergies that we should be aware of?
YES / NO (please circle)
If YES, please give details:

I wish to register my son/daughter..... to attend the Year 6 SATs Maths Revision Booster 2017 in the 1st week of April 2017 at Schoolpedia Muswell Hill.

Signed Date

Please return this consent form by 30/03/2017 to our email address: welcome@schoolpedia.co.uk

Privacy Policy

We will not disclose your personal information to any third parties for marketing purposes.
We will not share your personal information with third parties unless we are obliged to disclose personal data by law, or the disclosure is necessary for purposes of national security, taxation and criminal investigation, or we have your consent.