

Please make sure you clearly complete each section of this form.

Name of student:

DOB:

Name it should appear on exam certificates:

Name of Parent/Guardian:

1st:

Title:

2nd:

Title:

Home address:

Postcode:

Telephone numbers - Home:

Mobile:

Emergency:

Email:

Does your child have a medical condition, any allergies, previous injuries we should know about eg. asthma?

Class/classes to be attended:

If joining us from another school - State levels taken and marks graded:

Please make sure you have read and understood the attached rules before you sign this form.

Parent/Gardian signature:

Print name: