

**Registration Form**

To process the test, we will register all participating students.

To complete this registration please fill in the form below and complete the enclosed consent statement.

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name**  |  |
| **Date of Birth** |  |
| **Gender at birth** |  |
| **Ethnic Group** |  |
| **Currently showing any COVID-19 symptoms?**  |  |
| **Today’s date**  |  |
| **Home Address with Postcode**  |  |
| **Email Address** |  |
| **Mobile Number**  |  |

**IMPORTANT NOTICE:** please return completed Registration Form & Consent Statement to the Main School Office.