



Speech, Drama & Voice Teacher

www.chrismarlow.co.uk

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REGISTRATION FORM

Please complete, sign and return this form before lessons commence. Use a separate registration form for each student.

STUDENT DETAILS

Full Name					
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Rather not say	Birth Date (dd/mm/yy)	____/____/____
Student Mobile Number				Student Home No.	
School (currently enrolled)				School Year	

SPECIAL EDUCATIONAL NEEDS

Does the student have any special educational needs?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If you ticked yes, please provide all relevant details below to ensure we can provide the best support possible:						
Does the student require extra support in any of the following specific areas:	Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes, please provide all relevant details below to ensure we can provide the student with the best support possible:						

MEDICAL DETAILS

Does the student have any current medical conditions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes, please provide all necessary details about their current condition including symptoms and/or warning signs, current management plans, medication plans/reminders, doctor/specialist recommendations etc.			
In the event the student displays any of the above symptoms or warning signs please select the appropriate action you wish us to take:			
<input type="checkbox"/> Call Primary Contact Person (details provided below)		<input type="checkbox"/> Call Emergency 999	
<input type="checkbox"/> Administer Medication (if so, please give details above)		<input type="checkbox"/> Other (please specify)	

CONTACT PERSONS

	PERSON 1	PERSON 2
Full Name		
Mobile Phone Number		
Work Phone Number		
Home Phone Number		
Email Address		
Home Address		
Relationship to Student		

DECLARATION

I declare that the information contained within this form is true and correct with no omissions and I accept that Chris Marlow will not be liable for relying upon any false or misleading information. I confirm that I have read and agree to the 'Terms and Conditions' which have been provided to me and which may also be found at www.chrismarlow.co.uk

Parent / Guardian / Caregiver _____

Parent / Guardian / Caregiver _____

Date : _____ / _____ / _____

