# Registration Form for Covid 19 Testing

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

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

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

Please either send this form to [info@southmoormat.co.uk](mailto:info@southmoormat.co.uk) or hand in to school office from 4th January 2021