

**MEDWAY TEST DAY PUPIL REGISTRATION FORM**

You **must** complete this form **before** arrival at the test centre and hand it in at registration

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| **Child’s name** |  |
| **Child’s date of birth** |  |
| **Home address** |  |
| **Child’s current school** |  |
| **Parent/carer name** |  |
| **Telephone number** |  |
| **Mobile number** |  |
| **Is your child on any medication?** | **Yes / No** |
| **If yes, please provide details and confirm whether it will need to be taken during the test day** |  |
| **Does your child have any mobility issues?** | **Yes / No** |
| **If yes, please provide details** |  |
| **Does your child have any allergies?** | **Yes / No** |
| **If yes, please provide details** |  |
| **Who will be collecting your child after the test?**  (Name and relationship to child) |  |
| **Any other information you wish to provide** |  |
| **Parent/carer signature** |  |
| **Parent/carer name** |  |

By completing this form and your child attending the test day, you are confirming that your child is fit and well to sit the Medway Test.