

## FIRST REGISTRATION COURSE FORM

## **BASIC INFORMATION**

Name	
Relationship to Child	
Address (including Postcode)	
Telephone Numbers	
Email Address	
Preferred method of contact	
Language(s) spoken by the family	
How did you hear about the course?	
ABOUT THE CHILD/YOUNG PERSON	<u>l:</u>
Ohild Warran Barrania marra	_
Child/Young Person's name	
Known as	
Gender	
Condo	
D.O.B	
School	
Please tell us your child or young persor	n's diagnosis or describe their disability.
Any preference to daytime or evening co	urse?
Afternoon or evening	

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

Course attending			

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