# Registration

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

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** |  |
| **Currently showing any COVID-19 symptoms?** |  |
| **Today’s date** |  |
| **Home Postcode** |  |
| **Email Address** |  |
| **Mobile Number** |  |