# 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**  |  |