

Student Emergency Contact Information

Completion of this form is required before regular teaching can commence and constitutes acceptance of our current terms and conditions. Please ensure these are read thoroughly before returning this form to: info@sheffielddyslexiacentre.org.uk

To be updated every September and if any information changes.

2025-2026

Email address to be used in case of short notice lesson cancellation:		Today's Date:	
Student's Name:		Date of Birth:	
School:		School Year:	
Home Address			
Name of Parent/ Carer			
Signature of Parent/ Carer			
Email Address for Teams invitation, if other than above: (For use if face to face lesson not possible)			
Main Contact 1		Relationship to student:	
Name:		Telephone Number	
Email:			
Main Contact 2		Relationship to student:	
Name:		Telephone Number	
Email:			
Any relevant information regarding your usual whereabouts on the day of your child's lesson: PLEASE INCLUDE DETAILS OF OTHERS WHO REGULARLY BRING YOUR CHILD			
Does your child have a diagnosis of dyslexia, ADHD, ASD, DCD/dyspraxia or other?			
Is your child waiting for an assessment for dyslexia, ADHD, ASD, DCD/dyspraxia or other?			
Does your child have any medical needs/medication/ allergies or any other factors of which the teacher needs to be aware? Please give details:			
Preferred pronoun	She /he/ they		

All personal information provided to SDC will be stored securely, will not be shared by any third party and will be used only in the provision of its services.