

Date: _____

(To be updated every September)

Student's Name: _____ Date of Birth: _____

Address: _____

Telephone Number : _____

Email: _____

Place of Work/Study: _____

Skype Address: _____

Daytime contact telephone numbers:

Alternative Contact:

Name : _____

Mobile: _____

Email: _____

Any other relevant information:

Do you have any medical needs/medication/ allergies or any other factors of which the teacher needs to be aware? Please give details below:

Please return this form to: info@sheffielddyslexiacentre.org.uk

N.B. It is your responsibility to inform SDC if this information changes during the current academic year.