



CANON SLADE SCHOOL

Sixth Form Induction Day

Wednesday, 29 June 2016

Pupil Data Form

Surname:		First Name:	
-----------------	--	--------------------	--

Date of Birth:		Male / Female <i>please delete as appropriate</i>
-----------------------	--	--

If your child has any **medical** conditions the school should be aware of, please provide details here:

If your child has any **dietary requirements** the school should be aware of, please provide details here:

Please provide details of the person/s you wish to be contacted in the event of an emergency:		
Contact 1	Name	Contact Number
Contact 2	Name	Contact Number

I hereby confirm that my child, named above, will be attending the Induction day.

Signed

Please return this form to Mrs J Collinson in the Sixth Form Office (A5) or email to: jsc@canon-slade.bolton.sch.uk