

Initial Contact Form

This form is to help us contact your parents or guardians so we can let them know about what happens in the group and check that they are happy for you to keep coming along on a regular basis.

Please fill in the form below with your parent or guardian’s contact details.

Parent or guardian details

Your name:		
Their name:		
Relationship to you:	<input type="checkbox"/>	Father
	<input type="checkbox"/>	Mother
	<input type="checkbox"/>	Grandfather
	<input type="checkbox"/>	Grandmother
	<input type="checkbox"/>	Legal guardian

Address:	
Post code:	
Home telephone:	
Mobile telephone:	

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