

**SUMMER SCHOOL 26 - 30<sup>th</sup> JULY 2010**

**PUPIL DETAIL FORM**

Pupil's name: .....

Pupil's address: .....  
.....

Any medical conditions/allergies etc:  
.....

I give permission for photographs and filming of my child. Yes/No

Parent name: .....

Contact numbers: .....  
.....

Any other information you feel may be of help to us: