



Last name	
Year group (if applicable)	
Date of birth:	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/female
Ethnicity – this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
Currently showing any COVID-19 symptoms?	
Home Postcode	
Email Address – this is where test results will be sent	
Mobile number – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number.	
Name of parent/Carer	
Signature (typing out your name is sufficient if you are filling in this form digitally).	
Today's date	
Details of any health or accessibility issues which may affect a child's safe participation in the testing exercise.	