

RTA Kids Student Data Form

Please complete this personal data sheet. It is VITAL that the school receives it a.s.a.p.

Please fill in as much as you can and try not to leave any blanks.

Student's Surname			
Student's First Name			
Student's Date of Birth			
Student's Landline Phone No			
Student's Address			
	Post Code:		
Mother/Guardian's Name			
Mother/Guardian's Mobile No			
Mother/Guardian's Email			
Mother/Guardian's Address (if Different from Students)			
	Post Code:		
Father/Guardian's Name			
Father/Guardian's Mobile No			
Father/Guardian's Email			
Father/Guardian's Address (if Different from Students)			
	Post Code:		
Students Known Medical Conditions/ Learning difficulties e.g. dyslexia/dyspraxia/allergies (Please attach further information if applicable)			
I give permission for the above-named student to be used as part of RTA Kids Marketing/Promotional material	YES	NO	(Please Circle as appropriate)
I understand it is our responsibility to keep up to date with RTA Kids by checking emails, group WhatsApp groups and or Social Media Platforms	Signed: _____ Date: _____ Print Name: _____		

