

# Summer School Information

<b>Name:</b>	
<b>Primary School:</b>	
<b>Form Group (next year):</b>	

**Medical conditions:**

**Special dietary requirements:**

**Additional notes:**

<b>Parents contact name and number:</b>
<b>Other name and contact number:</b>
<b>How will your child be getting to and from the Summer School:</b>  Walking to and from on their own <input type="checkbox"/> Being dropped off and collected <input type="checkbox"/>

Signed (Parent/Guardian): \_\_\_\_\_

**PLEASE RETURN NO LATER THAN Thursday 4<sup>th</sup> July 2019 TO OLDBURY ACADEMY'S MAIN RECEPTION**

---

## Official Use Only

Date Received:

Date Recorded: