

Full Name	Work Phone	Full Name	Work Phone
Relationship to Student	Mobile Phone	Relationship to Student	Mobile Phone
Other Contact Info		Other Contact Info	
	Disabilty Madical C	andition and bahaviaral Dia	ordor
	Disability, Medical G	ondition and behavioral Dis	corder
Does the student have disablilty,	medical condition and behavioural disorder which may O No	affect his or her academic performance?	
If yes, please specify:			
	Co	nfirmation Form	
Signature Person		How do you Know About Us	
1212			
Do you have any comments or fe	edback?		
Check All			
Check All	ored in line with the Privacy Policy Read our Privacy Po	olicy here	
I consent for my data to be sto	tored in line with the Privacy Policy.Read our Privacy Policy.Read our T&Cs here.	olicy here.	
I consent for my data to be ste	ns. Read our T&Cs here.		opt out at any time
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I consent for my data to be stem I accept the terms & condition I agree for Chalk'n'Duster to condition	ns. Read our T&Cs here. contact me with details of their services. We will send your services with details of their services.	ou info about our tutoring services. Of course you can	
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I consent for my data to be ste I accept the terms & condition I agree for Chalk'n'Duster to consent to any necessary eme could endanger my child's health I am aware that my deposit of	ns. Read our T&Cs here. contact me with details of their services. We will send your property treatment whilst my child is attending the course h or safety. f £40 will be refunded only if I comply with the transmiss	ou info about our tutoring services. Of course you can e and authorize the staff to sign any form of consent re sion procedure and all payments are up to date.	equired by medical staff if a delay in obtaining my sig

Student

Student

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