# Registration form

To process the test, we will register all participating students.

To complete this registration please fill in the form below.

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Date of birth** |  |
| **Gender at birth** |  |
| **Currently showing any COVID-19 symptoms?** |  |
| **Today’s date** |  |
| **Home postcode** |  |
| **Email address** |  |
| **Mobile number** |  |