

**FORM ONLY TO BE FILLED IN BY NEW PARENTS THAT HAVE NOT
ALREADY GIVEN US THESE DETAILS OR FOR PARENTS THAT HAVE
UNDERGONE ANY CHANGES**

VERY IMPORTANT - PLEASE RETURN TO THE SCHOOL OFFICE - Fax Number: 91 359 3521
BEFORE JULY 8TH

IF YOU HAVEN'T ALREADY DONE SO, PLEASE SUPPLY TWO CURRENT E-MAIL ADDRESSES

E-mail address 1

E-mail address 2

LUNCH ROOM SERVICE

PUPILS IN YEARS 12 & 13, STAYING TO LUNCH, PLEASE TICK AS APPROPRIATE:

CAFETERIA SERVICE

FULL LUNCH

.....

FOR ALL PUPILS AND THOSE IN YEARS 12 & 13 TAKING FULL LUNCH, PLEASE INDICATE BELOW WHICH OF THE FOLLOWING OPTIONS YOUR CHILD(REN) WILL BE TAKING:

NORMAL LUNCH

VEGETARIAN LUNCH

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.....

Parent's signature _____ **Date** _____

SCHOOL TRANSPORT

IF YOU WISH TO USE SCHOOL TRANSPORT, PLEASE COMPLETE, INDICATING YOUR PREFERENCES. Please note that final arrangements will not be made until the first week of September.

SCHOOL TRANSPORT
Two ways
One way

Name(s) of Pupil(s) _____ Year _____

_____ Year _____

Address _____

If you are willing to collaborate with the school in your professional field e.g. as a guest speaker on careers, to offer work experience to our students, or allow visits to your workplace, please tick the box and complete below.

Profession Parent's Name _____

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