



# Year 5

## Transition Project Registration Form

Name of Student:	
Primary School:	
Date of Birth:	

### Contact Details

Student's Home Address:	
Name of Parent/Carer:	
Parent/Carer Contact Number:	
Name of Second Contact:	
Telephone Number:	

### Medical Details

Student's Doctors Surgery:	
Surgery Contact Number	
Name of Doctor:	
Medical Conditions:	
Please specify any medication your child requires e.g. Inhaler, EpiPen.	
Dietary Requirements	

### Travel Arrangements

- I would like my child to be transported via College Minibus for all the sessions.  
 I understand that they will depart HCC at 4.30pm and be returned to their  
 Primary School for collection.
- My child will be walking home from HCC after all the transition sessions.
- I will be collecting my child from the North Site Canteen, at HCC, for all of the sessions.

### Photographs

I consent to my child's photograph being used in publicity for the College. **YES** **NO**

### Declaration

I have read the information provided by Helston Community College and give permission for my child to participate in the transition project.

Signed: ..... Date: .....  
 (Parent/Carer)

**Please return this Registration Form to your Primary School Office ASAP**