### Student Emergency Contact Information

Completion of this form is required before regular teaching can commence and constitutes acceptance of our current terms and conditions. Please ensure these are read thoroughly before returning this form to: [info@sheffielddyslexiacentre.org.uk](mailto:info@sheffielddyslexiacentre.org.uk)

To be updated every September and if any information changes.  **2025-2026**

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| --- | --- | --- | --- |
| **Email address to be used in case of short notice lesson cancellation:** | | Today’s Date: |  |
| Student’s Name: |  | Date of Birth: |  |
| School: |  | School Year: |  |
| Home Address |  | | |
| Name of Parent/ Carer |  | | |
| Signature of Parent/ Carer |  | | |
| Email Address for Teams invitation, if other than above: (For use if face to face lesson not possible) | | | |
| **Main Contact 1**  Name: |  | Relationship to student: |  |
| Email: |  | Telephone Number | |
| **Main Contact 2**  Name: |  | Relationship to student: |  |
| Email: |  | Telephone Number | |
| Any relevant information regarding your usual whereabouts on the day of your child’s lesson:  **PLEASE INCLUDE DETAILS OF OTHERS WHO REGULARLY BRING YOUR CHILD** | | | |
| Does your child have a **diagnosis** of dyslexia, ADHD, ASD, DCD/dyspraxia or other? | | | |
| Is your child waiting for an assessment for dyslexia, ADHD, ASD, DCD/dyspraxia or other? | | | |
| Does your child have any medical needs/medication/ allergies or **any other factors** of which the  teacher needs to be aware? Please give details: | | | |
| Preferred pronoun | **She /he/ they** | | |

All personal information provided to SDC will be stored securely, will not be shared by any third party and will be used only in the provision of its services.