



always

Creative, Innovative, Professional

Maria Regina College
St. Paul's Bay Primary School
School Street, St. Paul's Bay SPB3420, Malta
Tel.: 21573194 Fax 21576390
e-mail: stpaulsbay.primary.c@gov.mt
Website: <http://schoolnet.gov.mt/stpaulsbay>

*Name of Child: _____ Class: _____ ID No: _____
Date of Birth: _____ Male: _____ Female: _____
Address: _____
Postal Code: _____ Home Telephone No: _____
Father's Name _____ ID No: _____ Mobile No. _____
Mother's Name _____ ID No: _____ Mobile No. _____
Legal Guardian's Name (if applicable) _____ Mobile Number _____
Do you have any brothers or sisters in this school? Yes _____ No _____
If yes, in which class/es are they? _____
Another Emergency Telephone Number _____

*(Tick ✓ where applicable)

I give my consent for my child to appear in class photos: Yes _____ No _____
I give my consent for my child to appear in class videos: Yes _____ No _____
I give my consent so that photos and/or videos of my child may appear on:
The school magazine Yes _____ No _____
The school website Yes _____ No _____
The school DVD Yes _____ No _____
Newspapers Yes _____ No _____
Television Yes _____ No _____
Education Directorate Yes _____ No _____

*(Tick ✓ if your child suffers from any of these)

Diabetes _____ Asthma _____ Allergic to Penicillin _____
Epilepsy _____ Sinus _____ Skin Problems _____
Heart Problems _____ Nose Bleed _____ Convulsions _____
If child suffers from any other conditions, please specify: _____

*I give my consent for regular check-ups on my child, by doctors, nurses and other paramedics who may come to school Yes _____ No _____

*I give my consent so that head inspections may be carried out Yes _____ No _____
(If no consent is given the head of school reserves the right to ask you for a medical certificate)

Signature _____

Date _____

ID Number _____