

| | A | B | C | D | E | F | G | H | I | J |
|---|------------------------|---------------------------|------------|-----------------------|--------------------------|-------------|--|--------------|----------------|------------------|
| 1 | Student Surname | Student First Name | Age | Parent Surname | Parent First Name | HBLN | Email | Ph | Medical | Notes |
| 2 | Smith | Jan | 10 | Smith | Sarah | Y | sarahsmith@gmail.com | 012-345-6789 | Mild Asthma | |
| 3 | Thomson | Peter | 12 | Hayes | Tina | N | tinahayes@gmail.com | 098-754-321 | | Needs refund \$5 |

| | |
|---|-------------|
| | K |
| | |
| 1 | Paid |
| 2 | Y |
| 3 | Y |