If ·	you	wou	ıld	like	to	take	part	in our	200	8 st	tudy	, please
fill	in	this	fo	rm d	and	retur	n to	<b>TEDS</b>	as s	oon	as I	possible.

Name:		
Family ID:		

Please provide a telephone number and email address if possible.

Phone	Home	Mobile
E-mail		

Yes, I agree that my children and I will take part in the 2008 study. I understand that all information my family provides will be completely confidential and that I am free to withdraw from the study at any time.

Yes, I agree that my children's form tutor(s) can be contacted and asked to fill in a questionnaire about how each of the twins are getting on at school. I understand that the teachers are free to withdraw from the study at any time.

Please give details of your children	ı's form tutor(s).		
Form tutor for [twin 1]:			
School name			
School address			
School type	Non fee paying 🛚	Fee paying $\ \square$	
Form tutor for [twin 2]:			
School name and address (if diffe			
School type (if different)		Fee paying $\ \Box$	
Your signature	Date		
Relationship to children (e.g. moth	er, father, guardian etc.)		
If you don't want to take part in t so we can update our records.	the 2008 study, please put a ci	ross in the box below and return to u	3
state them:			2
As always, we are very grateful		**	Ť.

If you have any questions please don't hesitate to call us on our freephone 0800 317 029 or email us at teds@iop.kcl.ac.uk