## Registration Form 2019 - 2020



Your Child			
Child's Name			
Date of Birth		Male/Female	
Year Group		First Language	
Parent / Guardian			
Name			
Address			
Town		County	
Postcode		Phone Number	
		Phone Number	
Email address			
Emergency contact details / next of kin (name and contact number)			
Child's school name and address:			
Does your child have a learning difficulty or disability? If yes, please provide details			
Does your child receive additional learning support at school? If yes, please provide details			
Does your child have a diagnosis of dyslexia? If yes, please provide details			
Does your child have any medical needs/allergies/specific dietary requirements? If yes, please provide details			
How did you hear about us?			

## **PAYMENT INFORMATION**