

## STUDENT APPLICATION

(PLEASE COMPLETE THIS FORM IN BLACK INK USING BLOCK LETTERS)

|   |               |
|---|---------------|
| Name:                                     |               |
| Address:                                  |               |
| Postcode:                                 |               |
| Home Telephone                            | Mobile:       |
| Date of Birth                             | Email Address |
| Emergency Contact Details   Name & Number |               |

### **CURRENT EDUCATION** *(please give details of the child's current school)*

|                 |                |
|-----------------|----------------|
| Name of School: |                |
| Address:        |                |
| Postcode:       |                |
| Telephone:      | Email Address: |

### **MEDICAL DETAILS** *please give details of the child's doctor*

|                 |                                |
|-----------------|--------------------------------|
| Name of Doctor: |                                |
| Address:        |                                |
| Postcode:       |                                |
| Telephone:      | NHS Number <i>(if known)</i> : |

Does your child have any allergies or known medical conditions? *Please give details below*

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### **SPECIAL CONSIDERATION**

|  |        |
|--|--------|
| Does your child have any disability and/or Special Educational Need (SEN)? | YES/NO |
|--|--------|

If YES, *Please give details below*

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|   |        |
|---|--------|
| Has your child ever attended another Tuition Centre or Private Tutor? | YES/NO |
|---|--------|

If YES, Please give details below

|  |                     |
|--|---------------------|
| Name of Tuition Centre or Private Tutor: |                     |
| Address:                                 |                     |
| Postcode:                                |                     |
| Telephone:                               | Date of Attendance: |

**PARENT OR GUARDIAN**

Name of Father \_\_\_\_\_  
Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of Mother \_\_\_\_\_  
Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of Guardian and relationship to child if applicable:  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student Availability: (Subject, Level, Time and Day)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date application received: \_\_\_\_\_

Accepted  Rejected  Reason of Refusal \_\_\_\_\_

Other comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_