

COMMUNITY LANGUAGES SERVICE

Pupils' Enrolment Form to be Completed by Parents / Guardian

2011

Language Class

Tutor In-charge

Name of the Child

Date of Birth

Gender of the Child Male Female

Home Address
.....
..... Post Code

Home Telephone Number

Contact Telephone Number in Emergency.....

Does your child suffer from any chronic illness?

(for example: Asthma, epilepsy etc.)

If the answer is 'YES' what is it?

Name of the Child's
Mainstream School

Child's Year Group in mainstream school

Do you have any objection to Yes No
Our using this information
for publicity purposes

Signature of the Parent / Guardian

Name (in Block capital)

We encourage all parents to make contributions for running the service as Council's contribution has been reduced substantially.

Any enquiry regarding payment, please contact: Mrs Elena Vorobeva