

Enrolment form

Please print clearly.

Name of pupil.....

Date of birth.....

Name of parent/guardian.....

Address.....

.....

.....

..... post code.....

Telephone number.....

Email.....

Medical notes (please add below any information you feel we should be aware of – allergies/asthma etc.....)

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.....
.....

In case of an emergency contact number –

1).....- relationship to child.....

2).....- relationship to child.....

All staff are checked by the criminal records bureau & hold full enhanced disclosures. A copy of our public liability insurance can be found in the lobby.

All information supplied will be treated as confidential by SDA & will not be shared with a third party.

Signed.....

Name (please print)..... Date...../...../.....