

SIMON EDUCATION ENROLMENT FORM

Name of parent(s).....Date.....

Name of student(s)..... DOB.....

Address.....

Email address:

Tel..... Mobile

Emergency tel.....

1) Which school is/are your child/ren attending?

2) Are you happy with your child's present level of achievement?

3) Reason for sending your child to Simon Education Saturday school?

4) Do you know your child's current targets and levels?

If known please state: English _____ Maths _____ Science _____

5) Briefly describe your child(s) personality.

6) Has your child been:

a) excluded from school? Yes No

b) statemented? Yes No

(if yes to b then please provide the teacher with the report which will determine whether we can provide adequate support or not)

7) Does your child(ren) have any learning difficulties or learning disabilities?

Yes No

8) Do you give Simon School permission to seek medical advice for your child/ren in the event of an emergency? Yes No

9) Your child's ethnic origin? _____

10) How did you hear about Simon Education?

11) Do you give us permission to store your details so you receive online information? Yes No

Signature(s).....Date.....