

PARKSIDE SCHOOL



ENGLISH READING AND WRITING REGISTRATION FORM

APPLICANT INFORMATION

CHILD

Last Name: _____

First Name: _____

Date of birth: _____

Nationality: _____

Native Language: _____

Other languages spoken: _____

Male Female

Please provide any information with regard to illnesses, allergies, medications, special needs/habits, special diet of which the school should be aware:

EMERGENCY CONTACT

When neither parent can be reached by telephone and in the event of an illness, accident or medical emergency please contact:

Name: _____

Telephone: _____

Address: _____

DATE OF ENTRY AND DESIRED PLACEMENT

Date of entry: _____

Desired placement (please tick):

<input type="checkbox"/>	Wednesdays 02.15 – 03.45 pm (Beginners)
<input type="checkbox"/>	Wednesdays 04.00 – 05.30 pm (Intermediate)
<input type="checkbox"/>	Thursday 02.15 – 03.45 pm (Beginners)
<input type="checkbox"/>	Thursdays 04.00 – 05.30 pm (Intermediate)

PARKSIDE SCHOOL



PARENT INFORMATION AND BILLING ADDRESS

MOTHER

Last name: _____
First name: _____
Nationality: _____
Street: _____
ZIP / Town: _____
Occupation: _____
Employer: _____
Telephone (home): _____
Telephone (work): _____
Mobile: _____
E-mail: _____

FATHER

Last name: _____
First name: _____
Nationality: _____
Street: _____
ZIP / Town: _____
Occupation: _____
Employer: _____
Telephone (home): _____
Telephone (work): _____
Mobile: _____
E-mail: _____

PLEASE CHECK IF IN AGREEMENT:

- I/We hereby confirm that we are covered by an accident, liability and health insurance.
- I/We have read the „Parkside School English Reading & Writing Lessons“ and accept this as part of the contract. I/We agree to the terms and conditions stated therein
- In the event of an illness or medical emergency I/we hereby authorize Parkside School to take my/our child to a local pediatrition/doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.

Place/Date:

Parent's Signature:
