

| BRIGHT EDUCATION CENTRE ENROLLMENT FORM: | | | | | | | | | | | | | |
|--|----|--|------------|------------|--------------------------|---------|--|--|--------------|--------------|-----|--------------|--|
| STUDENT INFORMATION | | | | | | | | | | | | | |
| REFERENCE NUMBER OFFICE USE ONLY: | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | School Year: | |
| Date of birth: | 1: | | | Gender: | Male Female Nationality. | | | | | | | | |
| PARENT / GUARDIAN INFORMATION | | | | | | | | | | | | | |
| 1.Full Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | | | Post Code: | | | | | Nationality: | | | |
| Home Telephone: | | | | | Mobile: | | | | | | | | |
| 2.Full Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | Post Code: | | | | | | Nationality: | | | | |
| Home Telephone: | | | | | Mobile: | | | | | | | | |
| EMERGENCY CONTACT | | | | | | | | | | | | | |
| Name of a relative not residing with you: | | | | | | | | | | | | | |
| Address: | | | | | | Post Co | | | | | de: | | |
| Home Telephone | | | Mobile: | | | | | | | City: | | | |
| SCHOOL INFORAMTION | | | | | | | | | | | | | |
| School Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Post Code: | | | | Telephone: | | | | | | | | | |
| GENERAL HEALTH INFORMATION | | | | | | | | | | | | | |
| Has your child had any health problems or suffered any long-term illnesses in the past? YES NO | | | | | | | | | | | | NO | |
| If Yes, please give details: | | | | | | | | | | | | | |
| Does your child have any allergies? | | | | | | | | | | YES | NO | | |
| If Yes, Please Give Details: | | | | | | | | | | | | | |
| Do you consider your child to have a disability or learning difficulty? | | | | | | | | | | | YES | NO | |
| If Yes, Please Give Details: | | | | | | | | | | | | | |



BRIGHT EDUCATION CENTRE ENROLLMENT FORM: DESIRED TIMETABLE Time Tick **Days Comments** Mondays 16:30 - 19:30 Tuesday 16:30 - 19:30 Wednesday 16:30 - 19:30 Thursday 16:30 -19:30 Tick Friday 16:30 -19:30 Tick Time Time 9.30am-12:15 12:45-15:45 16:15-19:15 Saturday Sunday 9.30am:12:15 12:45-15:45 **COSTS** Name of Child: **Number of Hours: Agreed Cost Per Hour:** Cost: **Total Costs:** Key Stage. **Subjects School Current Grade level** Office use only: Student Entry Exam Results: English: Mathematics: B: C: P: Science: History Arabic RE Computer science/Coding Geography Drama/Music Somali French Spanish Art/Design **Business** Media Studies **PSHE SIGNATURES** I hereby Declare that, to the best of my knowledge and belief that my answers to these questions are complete and accurate. I have not omitted any information relating to either myself or my child/children and agree with the terms and conditions as outlined in the school regulations and responsibilities. Relation to child: Signature:

Date: