

Philip Training Centre 144 Greenwich High Road Greenwich, London, SE10 8NN Tel:+44 (0) 2086348325

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## **Afterschool Club/Tuition APPLICATION FORM**

1. Name of School Child Attends And Year:			
School:			
Year child is in at school:			
2. PARENT/GUARDIAN PERSONAL DETAILS:			
Title:			
1100			
First name:			
Last name (Surname):			
Marital Status: Married / Single / Divorced			
ADDITIONAL INFO:			
i.e specific tuition interest for child – 11-Plus, GCSE, SATS			
3. CHILD PERSONAL DETAILS:			
First name, Middle name:			
Land manual (Common of the Common of the Com			
Last name (Surname):			
Gender: Male / Female			
Date of Birth ( <i>did/mm/my</i> ):/			
Date of Bitti (ata/min/my).			

4.	HOME ADRESS	5. MAILING ADRESS (If different)	
	House No, Street:	House No, Street:	
	City/Town:	City/Town:	
	County:	County:	
	Postcode	Postcode	
	Mobile:	Mobile :	
	Tel:	Tel:	
	Email:	Email:	
	Country:	Country:	
6. EMERGENCY ADDRESS/NEXT OF KIN			
	Person to be notified: F	Relation to Child:	
	Phone: Mobile phone:	Email:	
7.	7. HEALTH AND DISABILITY OR SPECIAL NEEDS INFORMATION		
If child has any known health issue, please state them			
If child has any special needs such as disability, please state them.			
The time has any special needs such as disability, picase state them.			
8. DECLARATION:			
6. DECLARATION.			
I confirm that the information provided above is correct to the best of my knowledge and I agree to abide by the rules and regulation of the Centre. I have also read and agreed to the Centre's terms & conditions of registration.			
Ap	Applicant's Signature: Full Name:		
Da	Date:		