



**YOUR SUCCESS IS OUR BUSINESS**

**REGISTRATION FORM**

All fields must be completed in capital letters

Student Surname \* .....

Other Names\* .....

Date of Birth\* .....

Email address\* .....

Telephone\* .....

Address\* .....

.....

Postcode\* ..... Male/Female\* ..... Date.....

**Parent/Guardian details**

Parent/Guardian Name\* ..... Title\* .....

Relation\* .....

Telephone\* .....

Address\* .....

.....

Name and address of present School\* .....

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If there are any special circumstances such as medical matter or learning difficulty which may give rise to a special education needs please give details.

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## SUBJECT INFORMATION

(Please indicate the subject you are interested in)

<b>Key state 2: Maths</b>	<input type="checkbox"/>	<b>English</b>	<input type="checkbox"/>	<b>Science</b>	<input type="checkbox"/>	<b>Year</b> .....
<b>Key state 2: Maths</b>	<input type="checkbox"/>	<b>English</b>	<input type="checkbox"/>	<b>Science</b>	<input type="checkbox"/>	<b>Year</b> .....
<b>Year10/11: Maths</b>	<input type="checkbox"/>	<b>English</b>	<input type="checkbox"/>	<b>Science</b>	<input type="checkbox"/>	
<b>A Level: Maths</b>	<input type="checkbox"/>	<b>English</b>	<input type="checkbox"/>	<b>Science</b>	<input type="checkbox"/>	<b>Year</b> .....

### Please note:

- Philip Training Centre will not be responsible for your child arriving or travelling to home.
- All students are expected to maintain proper discipline in the centre this includes teachers, students and the other member of staff.
- Parents are responsible for making sure their children attend the tuition centre regularly.

Parent/Guardian Name\* .....

Signed:..... Date.....