

FOR ADMINISTRATIVE USE ONLY	
Enrolment Fee paid on	
2 weeks class fees naid on	

Kidbrooke Learning Centre

ADMISSION FORM

First Name	irst Name Surname							
Date of Birth Contact Number								
Email Address								
Name of Parent/Guardian								
Address								
School Name	•••••	••••••	Cur	rent Year/Clas	S			
Please specify the Exam board (Year 9-11)	Edexcel	OCR	AQA	Foundation	Higher			
Does your child have a physical/learning disability? YES/NO (If yes, please give details)								
Does your child take any medication at present? YES/NO (If yes, please give details)								
Emergency Contact other than parent/guardian named above: Name								
How did you hear about KLC								
Ethnic Origin (Please specify)								
 ✓ Permission for my child (ren) to be photographed, or their images recorded for print or electronic use in promoting our tutoring services. Yes No 								
 ✓ We may contact you for marketing purposes via text message/email/telephone call. Yes No 								
As parent/guardian I acknowledge that I have read and agree to the Terms & Conditions.								
Signature of Parent/Guardian								