

ELBWO

SANKOFA SUPPLEMENTARY SCHOOL APPLICATION FORM

Name of Child:	
Address:	
Date of Birth:	
Age:	
School Year:	
Male / Female:	
Ethnic Origin	
Name of Parent / Carer:	
Telephone Numbers: Home: Work:	
First Language of Child:	
Emergency Contact Name: Tel No:	
School Attended:	
Local Authority:	
Name of Doctor: Address: Tel No:	
In what subject(s) does your child need particular assistance: (Please tick all that apply)	
Mathematics Reading Spelling Grammar Handwriting Other (specify)	

Is there anything your child should not eat or drink?	
Does your child suffer from any allergies, illnesses, or epilepsy?	
Please give details of recent immunisations	
Is your child taking any medication? If yes, please specify. If you would like the tutors to keep this medication in a locked place, you must fill in a medication consent form.	
Is there any other information that you would like to tell us about your child's special needs, likes/dislikes or behaviour?	

Consent For Emergency Medical Assistance

I hereby give permission for delegated members of staff at the Saturday School to administer emergency medical assistance to my child named overleaf.

I have read, understood and completed this form in full for the purpose of registering my child as a student at the Sankofa Saturday School.

SIGNED

PARENT/CARER _____ **DATE** _____

FEES

Payments should be paid in full in advance or on the first Saturday of term. If you are making a payment by cheque this should be accompanied by a cheque guarantee card. Please let us know in advance if you are unable to pay your fees in full and we will do our best to negotiate payment.