

APPLICATION FOR ADMISSION
For the academic year 20__ / 20__



Details of Child	Name							
	Surname							
	Имя							
	Фамилия							
	DOB	Day	Month	Year	Age	Years	Months	Gender

Details of Father	Name							
	Surname							
	Contact No							
	E-mail							

Details of Mother	Name							
	Surname							
	Contact No							
	E-mail							

Details of Guardian (or second contact person)	Name							
	Surname							
	Contact No							
	E-mail							

Contact Address							
	Post Code	Borough					

Address of school your child attends on weekdays	
	Post Code Borough

Medical conditions, including allergies (Please give full details)	
Any special diet requirements (Please give full details)	
Anything else you would like to inform the school about	

I certify that information given above is true

Signature _____ **Date** _____

In case of emergency I give/ do not give permission for staff to take necessary action and support

I give/do not give permission for the use of photo/video of my child in publicity

Signature _____ **Date** _____

Please return the completed form to: rufina.adamuka@raduga.org.uk or 6 Sovereign House, Scout Way, London NW7 3JW

For Office Use Only	Comments:
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