

PLEASE ATTACH
A RECENT
PHOTOGRAPH
OF THE
STUDENT HERE

Z N A N I Y E

THE RIGHT WAY TO SUCCESS



Application for Admission for the Academic Year 2024 - 2025

Please complete clearly digitally, OR in **BLOCK CAPITALS** and **BLACK INK**, and please complete **EVERY SECTION** of the form and sign on the last page

Student's First Name: _____

Student's Last Name: _____

Имя ученика: _____

Фамилия ученика: _____

Nationality: _____

Gender (underline): Male / Female

Date of Birth: _____

Place of Birth: _____

Age: _____ Years _____ Months

Student's Contact Address: _____

Post Code: _____ Borough: _____

Parent/Guardian Full Name (Main Correspondence Contact): _____

Parent/Guardian Main Contact Number: _____

Parent/ Guardian Email: _____

Programme Requested (underline):

- Pre-School (3 to 6)
- Primary School (6 to 11)
- Secondary School (please, indicate which level)
 - 11+
 - GCSE
 - A Level

School branch your child will attend (please circle) :

FOR OFFICE USE ONLY

NAME

AGE

1ST DAY

LOCATION

GROUP

PHOTO CONSENT

MEDICAL

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EALING CHELSEA STRATFORD EAST FINCHLEY ONLINE

***I, (name, surname) _____ parent/guardian of _____ do

hereby give / not give (please circle) permission for the use of my child's photo/video image in publicity, social media, leaflets, marketing etc. (IF THIS IS NOT COMPLETED, CONSENT WILL BE ASSUMED)

Medical Information: (Please list any and all conditions/allergies/medication in detail here)

Parent Information:

Parent/Carer 1 Full Name: _____

Parent/Carer 1 Address should it differ from the students: _____

Mobile phone: _____

Email Address: _____

Parent/Carer 2 Full Name: _____

Parent/Carer 2 Address should it differ from the students: _____

Mobile phone: _____

Email Address: _____

Guardian's Full Name: (3rd/Emergency contact person): _____

Relation to child: _____

Guardian's Address: _____

Telephone Number: _____

E-mail Address: _____

Current School Name (Mainstream School):

Language Spoken at Home: Russian and/or English, Other (please specify)

Why do you want your child to attend Znaniye?

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(можно заполнить на русском)

Siblings: Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Permission for Medical Treatment (underline): Yes/No

In case of an emergency or illness of my child while at school, I agree to allow the staff of Znaniye Russian School to obtain necessary medical attention.

Is there anything else you would like to tell the school?

(можно заполнить на русском)

Declaration:

I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief. By signing this agreement I can confirm that I have read and agree to the terms and conditions of the Student and Parent Code of Conduct.

Signed: _____ Date: _____

Please return this form together with the £25.00 registration fee to:

Znaniye Russian School, via email to: school@znaniye.com

OR 52 Mayfield Gardens, London, W7 3RH

The registration fee can be paid by cheque or direct bank transfer.

Cheque should be made payable to Znaniye LTD.

If paying by bank transfer, please include a copy of the bank transfer document with the application form.

Bank Transfer direct to Barclays

Account Name: Znaniye Limited

Sort Code: 20-35-93

Account No: 53636968

Please, note that all bank charges must be paid by you.

How did you find out about Znaniye (underline)?

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Internet/Website; Friends; Open Day; Advertisement; Other (please specif