

Please attach a recent photograph of student here

APPLICATION FOR ADMISSION

For Office Use Only

Our Ref:

Teacher:

1st day

For the academic year 2020 - 2021

Please complete clearly in **BLOCK CAPITALS** and **BLACK INK**

Please complete **EVERY SECTION** of the form and sign on the last page

SECTION 1

Student's Details

Student's First Name:

Student's Surname:

Имя ученика:

Фамилия ученика:

Nationality: Gender: Male Female

Date of Birth: Day Month Year Age: _____ Years _____ Months

Place of Birth:

Student's Contact Address:

Post Code:

Borough:

Home Phone Number:

- PROGRAM REQUESTED:
- Pre-School (from 3 to 6)
 - Primary School (from 6 to 11)
 - Secondary school (please indicate which level)
 - 11+
 - GCSE
 - A LEVEL

School branch your child will attend: _____



SECTION 2 Parent/Guardian Details

Parent 1 Full Name: [Grid]

Parent 1 Address
Should it differ from students: [Grid]

Home Telephone if differs: [Grid]

Mobile Phone: [Grid]

E-mail Address: [Grid]

Place of Work: [Grid]

Job Role: [Grid]

Business Phone: [Grid]

Parent 2 Full Name: [Grid]

Parent 2 Address
Should it differ from above: [Grid]

Home Telephone if differs: [Grid]

Mobile Phone: [Grid]

E-mail Address: [Grid]

Place of Work: [Grid]

Job Role: [Grid]

Business Phone: [Grid]

Where should all correspondence be sent: Parent 1: Parent 2: Other (please write below:)

Guardian's Full Name: [Grid]
Secondary Contact Person

Guardian's Address: [Grid]

Telephone Number: [Grid]

E-mail Address: [Grid]



SECTION 3

Information for School Records

Present School Name: _____
(Mainstream School)

School Address: _____

Post Code: _____ Telephone: _____ Borough: _____

Languages Spoken at Home: _____

Why do you want your child to attend Znaniye?
(можно заполнить на русском)

Siblings: Full Name: _____ Date of Birth _____

Full Name: _____ Date of Birth _____

Medical Information:

All medical conditions, including allergies or asthma must be filled out in our Medical + SEN Form. Please request this if needed. It is vital that any and all medical information is declared for the safety of the child and others

Permission for medical Treatment: 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 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: ____/____/____

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, leaflets etc.

Signed: _____ Date: ____/____/____

Section 4 Completing application

Please return this form together with the £25.00 registration fee to:
Znaniye Russian School, 52 Mayfield Gardens, London, W7 3RH

Tel: 07769313090

E-mail: school@znaniye.com

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?

- Internet / Website
- Advertisement
- Friends
- Other (please specify)
- Open day

Date Received: _____	Branch: _____
Name of Staff: _____	Staff Signature: _____

For Staff Use Only:
Additional Notes