



## APPLICATION FOR ADMISSION

For the academic year 2019 / 2020

Please attach a recent photograph of student here

For Office Use Only

Our Ref:

Teacher:

1st day

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 2.5 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:**

**Parent 1 Address**  
Should it differ from students:

Home Telephone if differs:

Mobile Phone:

E-mail Address:

Place of Work:

Job Role:

Business Phone:

**Parent 2 Full Name:**

**Parent 2 Address**  
Should it differ from above:

Home Telephone if differs:

Mobile Phone:

E-mail Address:

Place of Work:

Job Role:

Business Phone:

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

**Guardian's Full Name:**   
Secondary Contact Person

**Guardian's Address:**

Telephone Number:

E-mail Address:



**SECTION 3**

Information for School Records

Present School Name: \_\_\_\_\_  
(Main 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 (please give full details)

\_\_\_\_\_

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.

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*