

@ZNANIYEUK

Please attach a recent photograph of student here

APPLICATION FOR ADMISSION

For the academic year 2019 / 2020

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

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

For Office Use Only

Our Ref:

Teacher:

1st day

SECTION 1	Student's Details
Student's First Name:	
Student's Surname:	
Имя ученика:	
Фамилия ученика:	
Nationality:	Gender: Male F_nale
Date of Birth:	Day Month Year Age: Years Months
Place of Birth:	
Student's Contact Address:	
Post Code:	
Borough:	
Home Phone Number:	
PROGRAM REQUEST	FED: 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 chi	ild will attend:





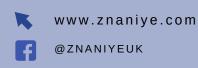












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ZNANIYE THE RIGHT WAY TO SUCCESS

— EST. 2003 —

SECTION 2	Parent/Guardian Details				
Parent 1 Full Name:					
Parent 1 Address Should it differ from					
students:					
Home Telephone if diffe	ers:				
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 diffe	ers:				
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:					



Signed:

SECTION 3	Information for School Records	
Present School Name: (Main School)		
School Address:		
Post Code:	Telephone:	Borough:
Languages Spoken at H	lome:	
Why do you want your с (можно заполнить на р	•	
Siblings:	Full Name:	Date of Birth
	Full Name:	Date of Birth
Medical Information: All medical conditions, include	ling allergies or asthma must be fill	ed out in our Medical + SEN Form.
Permission for medica	al Treatment: 🗌 YES 🗌	NO
In case of an emergency or to obtain necessary medical		agree to allow the staff of Znaniye Russian School
Is there anything else	you would like to tell the se	chool? (можно заполнить на русском)
Declaration:		
I certify that I am the person to the best of knowledge and		child named above and that the information given is true
By signing this agreement I c Parent code of conduct.	can confirm that I have read and ac	ree to the terms and conditions of the Student and
Signed:		Date://
I, (name, surname)	r	arent/guardian of
do hereby give / not gi in publicity, leaflets et		n for the use of my child's photo/video image

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 / WebsiteAdvertisement	Friends Other (please	Open day e specify)	
Date Received:		Branch:	
Name of Staff:		Staff Signature:	
Staff Use Only: tional Notes			