

ENROLMENT FORM

Child's name

Address

Date of Birth

Place of birth

School and year attended

Child's nationality (Czech/British/Dual if Dual – please specify what nationalities)

Ethnic origin (White European, Mixed etc.)

Local Authority (borough)

Guardian's / Parent's name

Address if different from above

Mobile number
(specify if mother's
or father's)

E-mail

Does your child/children suffer from any allergies (food, drinks, medication etc)?

Is your child/children taking any medication or have any medical conditions of which we should be aware?

Is there any other information that you would like to tell us about your child's special needs, likes/dislikes or behaviour?

Please describe 'the language arrangements' you have at home and your child/children Czech language abilities.

Consent for Emergency Medical Assistance

If at any point my child/children require(s) urgent medical treatment while at the Czech School without Borders, London and, provided that I cannot be contacted personally, I hereby give permission to the doctor, surgeon or designated person to make any decision that may prove necessary.

Name (print) Signature

Photo Consent

From time to time we may film or take photos of children attending the Czech School without Borders, London to use for publicity. To comply with the Data Protection Act 1998, permission must be granted by the parent/carer before any images of your child/children are taken and used. Photographs will only be used to promote the Czech School without Borders, London and to show our donors the activities that the young people at the school take part in. The name of a child is not permitted to be placed next to his/her photograph.

Do you give your permission to use any images taken of your child for publicity leaflets, our own website promotion or electronic-based documents?

Yes No

Data Protection

All information provided is for internal purposes only, treated as confidential according to the Data Protection Act 1998 and the Disclosure of Information.

I understand that by enrolling my child/children I have automatically become a member of the association the Czech School without the Borders, London.

I have read, understood and completed this for in full for the purpose of registering my child at the Czech School without Borders, London.

Name (print) Signature

Date