CZECH SCHOOL WITHOUT BORDERS, LONDON



ENROLMENT FORM

Child's Name and Surn	name			
Address				
Addicas				
				•
Date of Birth		Place of Birth		
] -		
Current School and Yea	ar Group			
Child's Nationality (Cze	ech/British/Dual/Triple. <i>If Du</i>	ual/ Triple –	please specify what nationalities)*	
documents: Czech ID c citizenship of the Czech		ificate con	hild's Czech nationality by providing irming Czech citizenship, document	
Ethine Origin (vviiite, Di	IdCK, ASIdII, IVIIXEU, OIIIEI)			
Local Authority (Boroug	gh)			
Guardian's / Parent's N	lame and Surname			
Guarulairs / Falonts 14	ame and Sumame			
Address if different from	n above			
	_			
Mobile number (specify if mother's or father's)	E	E-mail		
Does your child suffer f	from any allergies (food, dr	inks, medi	cation etc)?	

Is your child taking any medication or have any	y medical conditions of which we should be aware?
Is there any other information that you would like	ke to tell us about your child's needs, likes/dislikes or behaviour?
Please describe 'the language arrangements' y	you have at home and your child's Czech language abilities.
	I treatment while at the Czech School Without Borders, London anally, I hereby give permission to the doctor, surgeon or
Name (print)	Signature
Photo Consent	
for publicity purposes. To comply with the Gene granted by the parent/carer before any images	of children attending the Czech School Without Borders, London eral Data Protection Regulation (GDPR) 2018, permission must be of your child can be taken and used. Photographs will only be orders, London. It is not permitted to place the child's name next to
Do you give your permission to use images tak and electronic promotion?	ken of your child for in school's publicity leaflets, our own website
Yes	No
Personal Data Processing Consent All information and data provided is for internal Data Protection Regulation (GDPR) 2018 and t	I purposes only, treated as confidential according to the General the Disclosure of Information.
I understand that by enrolling my child I have a School Without Borders, London.	automatically became a member of the association the Czech
I have read, understood and completed this for Borders, London.	r the purpose of registering my child at the Czech School Without
I hereby declare that all the information I have p	provided is complete and correct.
Nome]
Name (print)	Signature