

## Enrolment Form / Pupils Record Weekend Classes

Roll No. ....

Full Name .....

Parent's Name: .....

D.O. Birth ...../...../.....

Address: .....

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Tel No. .... Father's No. ....

Mother's No. .... Emergency Contact No. ....

Email: .....

Date of Admission : ...../...../.....

**Registration Fee: £20**

**Monthly Fee: £20 payable 1st Saturday of every month.**

Allergies: .....

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Learning Disability: .....

Parent's Signature : ..... Date ...../...../.....

Teacher's Signature : ..... Date ...../...../.....