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**Application for**

Micro School Sessions with Ashdown Tuition

1. **Details of child attending the session:**

|  |  |  |
| --- | --- | --- |
| Surname | First name(s) | Known as |
|  |  |  |
| Address:  |
| Postcode |  | Age |  |

1. **Details of parent/legal guardian**

|  |  |  |
| --- | --- | --- |
| Title (Mr/Mrs/Miss/Ms) | Surname | First name(s) |
|  |  |  |
| Address:  |
| Postcode |  | Email Address |  |
| Home Phone |  | Mobile |  |

**2 Emergency contact details (if parent/guardian not available):**

|  |  |  |
| --- | --- | --- |
| Title (Mr/Mrs/Miss/Ms) | Surname | First name(s) |
|  |  |  |
| Phone number |  | Relationship to child |  |

**3 Medical details and allergies**

If your child has any medical conditions or allergies, please list them here.

|  |
| --- |
|  |

**7 Costs**

Each session will be £20. This must be paid in full at least 7 days before the session to secure your child’s place at the session. Payments can be made to:

**Ashdown tuition
Account number: 14510839
Sort code: 04-06-05**

Please use your child’s full name as a reference.

**Following the first session, fees will be invoiced monthly.**

**8 Is there anything you would like me to know about your child?**

|  |
| --- |
|  |

**9 Declaration**

I agree that I am responsible for ensuring the details provided are correct. I agree to my child attending the sessions and understand that I must collect my child at the agreed time.

|  |  |
| --- | --- |
| Parent / Guardian |  |
| Signed: |  |
| Date: |  |

**10 Any other information that you would like to include**

For example, how long your child has been home educated for, what they enjoy, anything you would like them to work on etc.