**Enrollment form**

Students name:

Age: D.O.B:

Address: 

Carers name: Relationship:

Phone no:

Email: 

Address: 

Emergency contact: Relationship:

Phone no:

Doctors name: Medical practice:

Phone no:

Medical conditions: (e.g. Asthma)

Allergies:

Behavioural / Learning difficulties: (If yes, please fill out the additional needs form)

Photo permission: Y / N

(Photo’s may be used in the monthly newsletter, on social media and other advertisement)

Name: Signature: Date: