



Paiwand
AFGHAN ASSOCIATION

SELF-REFERRED STUDENT ENROLMENT FORM, EDGWARE SATURDAY SCHOOL

Please complete in FULL using CAPITAL letters only.

Surname: _____

Date: _____

Student's First Name	D.O.B.	M/F	Mainstream School	Year Group	Sub Levels	If known by Parent	Writing
				* See notes	Maths		
1 st Child							
2 nd Child							
3 rd Child							
4 th Child							
5 th Child							
				Total			
				Method of Payment			
				Amount Paid			
				Bank Transfer Reference No.			

	MATHS	ENGLISH	DARI	PASHTO	SPORTS	DRAMA
1 st Child						
2 nd Child						
3 rd Child						

*** Fees: 34 WEEKS FULL YEAR. £10 PER WEEK M/E FULL TIME STUDENTS = £340 PER YEAR - £34 per Month**

HOME LANGUAGES ONLY £5.00 PER WEEK = £170.00 PER YEAR

4 th Child						
5 th Child						

Address: _____ Borough: _____

Post Code: _____ Tel (Work): _____ Tel (Home): _____

Tel (Mobile): _____ E-mail: _____

Year family arrived in the United Kingdom _____

CONTACT DETAILS FOR USE IN EMERGENCY

If the student enrolling is under 18, this must be a parent or guardian. If over 18, a relative or friend

NAME: Mr/Mrs/Ms _____ Relationship _____

Address (if different from above) _____

Post Code: _____ Tel: _____

PHOTO AND VIDEO CONSENT

For promotional purposes, Paiwand will sometimes take photos or video footage of students at the school. Please indicate whether you are happy for photos or footage of your child to be used for promotional purposes on flyers and on the Internet.

_____ I **GIVE CONSENT** FOR PHOTOS OR FOOTAGE OF MY CHILD TO BE USED FOR PROMOTIONAL PURPOSES

_____ I **DO NOT** GIVE CONSENT

NEWSLETTER

Paiwand would like to update you by email or letter about services and events that may be of interest to you. Are you happy to receive occasional emails or letters from us?

YES NO

ETHNICITY (This helps us to monitor equal opportunities)

I describe my child (ren's) ethnic background as _____ First Language: _____

ADDITIONAL SUPPORT NEEDS- (If enrolling more than one child, please specify the name of the child next to each box ticked)

My child has the following need/disability:

Visual Impairment	<input type="checkbox"/>	Physical/mobility difficulties	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Mental health difficulties	<input type="checkbox"/>	Learning difficulties (please state)	_____		
English language needs	<input type="checkbox"/>	None of the above	<input type="checkbox"/>		

HEALTH AND SAFETY: Please give details of any medical condition you feel we should be aware of:

ALLERGIES: Please give details of any known allergies:

PERMISSION TO LEAVE: Please tick if you agree to your child leaving school on his/her own.

Yes No

HOW DID YOU HEAR ABOUT THE SATURDAY SCHOOL?

Word of Mouth

Publicity. Which? _____

Other. Please state: _____

DECLARATION & DATA PROTECTION- If under 18, parent or guardian, if over 18, applicant

I understand that I must provide accurate information, and that the information I have given is correct to the best of my knowledge. I will update Afghan Association Paiwand if any personal details change. I consent to the personal information provided about me and my children on the application form being held, recorded and processed by Paiwand. This will include information of a sensitive nature, e.g. ethnicity and medical conditions. I understand that the information will be treated in confidence and used internally for specific purposes as laid out in Paiwand's Data Protection Policy. Paiwand will not be held responsible for any negative consequences arising from information I have withheld.

Name: _____

Signature: _____

Date: _____