

APPLICATION FORM

PUPIL PERSONAL INFORMATION

Pupil First Name:

Pupil Last Name:

Date of Birth:

Age:

Gender: Male

Female

Name of School:

Home Address:

Postcode:

Any relevant medical condition:

Emergency
Contact

Name:

Number:

PARENT / GUARDIAN INFORMATION

Parent /
Guardian

Mr.

Mrs. / Ms.

Initial:

Last Name:

Contact details:

Home:

Work:

Mobile:

Email:

ADMISSION DETAILS:

RLC Branch:

Harrow Branch

Edgware Branch

School Year:

Day of Week:

Time of Class:

Enrolment Date:

Reference: Website / Newspaper / Other

Subjects Required:

PAYMENT DETAILS:

Invoice No.:

Amount Paid: £

Payment Method:

Cheque / Cash / Direct Debit / Debit Card

I have read the fee schedule and general conditions, which I acknowledge, form part of the agreement hereby arising.

Signature of Parent: _____

Date: _____

This form should be returned to: **The Registrar, Regent Learning, Admission Office,**

Harrow Branch: Sai House, 167, Imperial Drive, Harrow, Middlesex, HA2 7HD

Edgware Branch: Boundary House, 2 Turner Road, Edgware, Middlesex, HA8 6BJ