

OFFICE USE:



## SAIS - Sequential Courses REGISTRATION FORM

(ONE BOOKING FORM PER FAMILY)  
ADDITIONAL BOOKING FORMS AND / OR FURTHER INFORMATION PLEASE CALL/TEXT 07944013532 OR email: info@sais.org.uk

(LIMITED SPACES) PLACES GIVEN AFTER FULL PAYMENT ON A FIRST COME FIRST SERVE BASIS

### PARENT/GUARDIAN DETAILS

(PLEASE USE BLACK INK AND BLOCK CAPITALS THROUGHOUT THIS FORM)

<b>TITLE:</b>		<b>FORENAMES:</b>		<b>SURNAME:</b>	
<b>ADDRESS:</b>					
<b>EMAIL:</b>				<b>POST CODE:</b>	
<b>TEL: (HOME/WORK)</b>			<b>MOBILE:</b>		
<b>OCCUPATION:</b>					
<b>HUSBAND/WIFE'S NAME</b>				<b>MOBILE:</b>	

### CHILD'S NAME

	FORENAMES	SURNAME	(M / F)	SCHOOL YEAR	D.O.B.	AGE
1						
2						
3						

### EMERGENCY CONTACTS

PLEASE GIVE THE NAMES OF TWO PERSONS WE MAY CONTACT IN CASE OF AN EMERGENCY:

<b>NAME:</b>		<b>NAME:</b>	
<b>ADDRESS including POST CODE:</b>		<b>ADDRESS including POST CODE:</b>	
<b>MOBILE NUMBER:</b>		<b>MOBILE NUMBER:</b>	
<b>HOME NUMBER:</b>		<b>HOME NUMBER:</b>	
<b>WORK NUMBER:</b>		<b>WORK NUMBER:</b>	
<b>RELATIONSHIP:</b>		<b>RELATIONSHIP:</b>	

SIGNATURE..... DATE.....

**PLEASE ENSURE YOUR CONTACT DETAILS ARE CORRECT!**

## PAYMENT INFO & POLICY

1. Completing and signing this application form is a **legal contract** between the student's parents and SAIS School of Arabic & Islamic Studies.
2. The fee of the academic year **must be paid in advance & in full** at the time of the enrolment using either, cash or bank transfer (contact us for details)
3. Once a student is registered with SAIS, fees must be paid in full, regardless of the fact whether the student attended the full academic year or only a few lessons or days.
4. The fee is NOT REFUNDABLE.
5. The school fee is as follows:
  - **£640** (128 hours over 32 weeks) for **Key Stage 1**
  - **£800** (160 hours over 32 weeks) for **Key Stage 2, 3 & 4 (GCSE)**
  - **£400** (64 hours over 32 weeks) for **Key Stage 5 (Youth Programme)**
6. I will make the full payment by: (Please circle one of the two methods)
  - Cash
  - Bank Transfer

**Parents enrolling more than 1 child will receive a 10% discount for the second child ONLY when enrolling from the beginning of the academic year**

- I ..... would like to enrol my child/ren to study at the **Sequential Courses**. I have read and accept the SAIS policy for payment of fees. I understand that the fee is non-refundable once I have registered or in the event my child/ren is/are unable to attend all the lessons. I will keep SAIS informed of any change in my personal information given above.

Name..... Signature..... Date .....

# MEDICAL INFORMATION

PLEASE PROVIDE ALL MEDICAL CONDITIONS MENTAL OR PHYSICAL. ALSO INCLUDE ALLERGIES AND ANY OTHER CONDITIONS AND REQUIREMENTS (PLEASE USE AN ADDITIONAL FORM IF NECESSARY)

	FORENAMES	SURNAME	GENDER (M / F)
1			
2			
3			

	TICK	TYPE	FULL DESCRIPTION
1	<input type="checkbox"/>	Disability	
	<input type="checkbox"/>	Illness/Condition	
	<input type="checkbox"/>	Allergy	
	<input type="checkbox"/>	Medication	
	<input type="checkbox"/>	Medical dietary requirement	
2	<input type="checkbox"/>	Disability	
	<input type="checkbox"/>	Illness/Condition	
	<input type="checkbox"/>	Allergy	
	<input type="checkbox"/>	Medication	
	<input type="checkbox"/>	Medical dietary requirement	
3	<input type="checkbox"/>	Disability	
	<input type="checkbox"/>	Illness/Condition	
	<input type="checkbox"/>	Allergy	
	<input type="checkbox"/>	Medication	
	<input type="checkbox"/>	Medical dietary requirement	

Please give any further information that you consider we may need

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*Reminder: Places are awarded on a first come first serve basis.*