

OFFICE USE:



WATFORD READ
Academy
 Educating the Children of Tomorrow

SAIS – Watford Read Academy 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)

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

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:

NAME:		NAME:	
ADDRESS including POST CODE:		ADDRESS including POST CODE:	
MOBILE NUMBER:		MOBILE NUMBER:	
HOME NUMBER:		HOME NUMBER:	
WORK NUMBER:		WORK NUMBER:	
RELATIONSHIP:		RELATIONSHIP:	

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 **£400** (96 hours over 32 weeks) for all Key Stages.
6. I will make the full payment by: (Please circle one of the two methods)
 - Cash
 - Bank Transfer

- I would like to enrol my child/ren to study at the **Waford Read Academy**. 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		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		Medical dietary requirement	
2		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		Medical dietary requirement	
3		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		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.