

Summer School Application Form

Child's Information

Child's Name _____
Surname First name Middle Name

What name should be used for your child in the Summer School?

Place of Birth _____ Date of Birth _____ Sex M / F
Day/Month/Year

Nationality _____ Native language _____

TAJ number _____ Passport number _____
(Hungarian residents)

Address in Hungary _____

Does your child have any siblings or friends attending The English Garden Summer School?

Parent's Information

Mother's Name _____
Surname First name Middle Name

Phone Number _____ Email Address _____

Languages spoken _____

Father's Name _____
Surname First name Middle Name

Phone Number _____ Email Address _____

Languages spoken _____

If neither parent speaks English or Hungarian please provide details of a translator.

Translator's Name _____
Surname First name Middle Name

Please provide the name and telephone number for one other person who can be contacted during the day in an emergency.

Name _____

Phone _____ Relationship to child _____

App. No. _____

Medical Information

To be filled out by parent/guardian

- Does your child have any special dietary requirements? YES / NO
- Does your child have any allergies? YES / NO
- Does your child have asthma? YES / NO
- Does your child have any serious medical conditions? YES / NO
- Does your child take any prescribed medication? YES / NO
- Has your child had any serious injury or surgery? YES / NO
- Does your child have any special needs? YES / NO
- Is there anything else we should know about your child? YES / NO

If you answered YES to any of the above questions please provide further details:

We have a Photo Gallery on our website where you can view photos of various The English Garden Summer School activities and events. Do you give permission for photographs of your child to appear on this website? (The schools policy is not to use full names when adding text.)

Yes

No

The English Garden Summer School enjoys field-trips in and around the city. Traveling by foot, public transport or private minibus. Do you give your consent for your child to take part in these activities as part of their education at the Summer School?

Yes

No

Please indicate which weeks you would like your child to attend The English Garden Summer School:

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
30 th June - 4 th July	7 th July - 11 July	14 th July - 18 th July	21 st July – 25 th July	28 th July - 1 st Aug	4 th Aug– 8 th Aug
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

App. No. _____

Declaration by Parent/Legal Guardian Submitting this Application

I, _____ (full name) apply for _____ (child's name) to be enrolled at The English Garden Summer School. I understand that admission cannot take place unless an application form has been completed, payment made and that places are subject to availability

I agree to the following:

1. I understand that The English Garden Summer School fees are charged in advance and are non-refundable.
2. I understand that non-payment of fees will result my child being excluded from The English Garden Summer School.
3. I understand that the discount offered of 6 weeks for the price of 5 is only available when payment is made before the start of The English Garden Summer School.
4. My communication with staff, fellow parents and children at The English Garden Summer School will be polite and respectful. I will use the established procedures to raise concerns.
5. I will notify The English Garden Summer School of any changes of my address, e-mail or telephone number.
6. In case The English Garden Summer School cannot contact me in the event of an accident or serious illness, I authorize the Head or her authorized representatives to seek medical treatment for my child, and I agree to pay all medical fees in this respect.
7. I agree to notify The English Garden Summer School of any illness, accident, medical condition or any other circumstances, which might affect the physical or mental performance of my child.
8. I recognize that The English Garden Summer School cannot accept liability for loss or damage to the possessions of my child while he/she is at pre-school or on school trips.

By signing this application I acknowledge that I have read and accept the terms and conditions as set out and agree to be bound by them as the legal guardian of the child. I understand that if any information has been falsified, acceptance of this application will be null and void.

Signature of Parent/Guardian

Date

How did you hear about us?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employer | <input type="checkbox"/> Relocation company |
| <input type="checkbox"/> Another Parent | <input type="checkbox"/> Estate Agent | <input type="checkbox"/> School |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Internet | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Embassy | |

For Office Use Only									
Date Received ____/____/____	WEEKS	1	2	3	4	5	6	7	Group _____
Gender M/F	English Y/N							Payment C/WT/PO	

App. No. ____