



**SWIS**  
Inspiring the Next Generation

## Registration Form

Please complete all sections in CAPITAL letters. Please **USE ONE FORM PER PUPIL**.

This registration form must be completed on behalf of all pupils and handed back to a member of the Administration team or email directly to **info@swis.org.uk**.

By completing this form both you and the pupil agree to abide by the policies and regulations of SWIS.

You also give permission for SWIS/Sport-ED staff to take the pupil to a medical centre in case of emergency if parent or guardian cannot be contacted.

For further information please go to

Website **swis.org.uk**

e-mail **info@swis.org.uk** for any queries

or contact: General Inquiries **07340 337 956**  
or Shafqat Mirza **07788 915 615**

### 1. STUDENT INFORMATION

Student Name			
Date of Birth		Male / Female	
Home address	<hr/> <hr/>		
Post Code	<hr/>		
Home Tel. No.		Mobile No.	
Your E-mail			
Current School			
Has pupil attended SWIS before?	YES / NO      If Yes please give Dates/s		
Medical/Special Needs:			



**2. PARENT /GUARDAIN INFORMATION**

Parent / Guardian	Name:
	Relationship to child:
	Contact Number <b>if different</b> from above no:
	E-mail <b>if different</b> from above :
	Address <b>if different</b> from the above:
Emergency Contact	Name:
	Telephone no:

Parent/Guardian Consent:

From time to time SWIS/Sport-ED may take photographs of pupils during a lesson or a SWIS/Sport-ED special event, and use these images on a SWIS/Sport-ED website or other promotional material.

Do you give permission for this to take place (please state clearly YES or NO): .....

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SWIS OFICE USE (Please leave blank)**

Registration date:		Class	
Payment received:	Fee payable: one off reg £10.00; Annual £120.00 payable as: £40 on registration/September, £40 by end October, £40 by end November		
Payment received by:			
Receipt number:			