***Registration Form***

Register Online Now: **https://swis.org.uk/online-registration/**

**1. STUDENT INFORMATION- (Form per Child)**

|  |  |
| --- | --- |
| **Existing SWIS Member** |  **Yes No** |
| **Male/Female** |  **Male Female** |

|  |  |
| --- | --- |
| **Students****Full****Name** | **Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Middle name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of Birth** |  | **Current Age** |  |
|  |  |  |  |
| **Address** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Postcode** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
| **Parents Contact Details** |
| **Name** |  |
| **E-Mail** |  |
| **Relationship**  |  |
| **Phone (Mobile)** |  |
|  **(Home)** |  |
| **EMERGENCY****Contact** |  |
|  |  |  |  |
| **Current School** |  | **Academic Year** |  |
| **Medical/****Special Needs:** |  |
|  |  |  |  |

**Signature of Parent/Guardian: Date:**

|  |
| --- |
| **Parent/Guardian Consent:**From time to time SWIS/ILhaam may take photographs of pupils during a lesson or a SWIS/ILhaam special event, and use these images on a SWIS/ILhaam website or other promotional material.Do you give permission for this to take place (please state clearly YES or NO): ………………… |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Registration date: |  | Class |  |
| Payment received:Payment received by: | .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Full Payment **up front eligible for discount**Single Child = **£130 one-off upfront price** OR £50 per termTwo Children = **£250 one-off upfront price** OR £100 per term**Third sibling is Free**.First Payment **on Registration**, Second payment by **November**, Third Payment by **January** |
| Receipt number: |  |