

RAMGARHIA SABHA SOUTHALL SIKH EDUCATION CENTRE

53/57 Oswald Road, Southall, Middx, UB1 1HN

Charity no: 279814

Tel: 07722414030

SEPT 2017/18 CLASS YEAR: _____

STUDENT APPLICATION FORM Academic Year: 2017/18

Please complete this form in BLOCK CAPITALS

<p>SIKHISM & PUNJABI LESSONS <input type="checkbox"/> (£40.00/year)</p> <p>MUSIC LESSONS (£15.00/year) <input type="checkbox"/> (available only if child/ren are attending Sikhism and Punjabi classes)</p> <p>SYMPOSIUM (£12) <input type="checkbox"/></p>	<p>PAID <input type="checkbox"/> NOT PAID <input type="checkbox"/></p> <p>CASH PAID: .. <input type="checkbox"/> CHEQUE NO:</p> <p>RECEIPT NUMBER:</p> <hr/> <p>WAITING LIST <input type="checkbox"/></p>
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SURNAME: _____ **FIRST NAMES:** _____

DATE OF BIRTH: _____ **GENDER** FEMALE MALE

ADDRESS: _____ **1) FATHER'S NAME:** _____

POST CODE: _____ **2) MOTHER'S NAME:** _____

HOME TEL: _____ **Mobile No:**

EMAIL ADDRESS: _____ **Mobile No:**.....

NAME OF MAIN SCHOOL: _____ **CURRENT SCHOOL YEAR:** _____

ALTERNATIVE CONTACT DETAILS (if different to above)

Name: **(relationship to child)**.....

Home Tel: _____ **Mobile:** _____ **Email:** _____

IMPORTANT: PLEASE GIVE DETAILS OF ANY:

DIETARY REQUIREMENT: _____

MEDICAL CONDITIONS: _____

ALLERGIES: _____

SPECIAL EDUCATIONAL NEEDS: _____

Please delete or tick where necessary:

- We give/do not give permission for my child to be either photographed or videoed.
- We agree for my child walking a short journey to local Gurdwara to perform and participate within the Sadh Sangat, Kirtan and Sewa duties.
- We agree to the Terms & Conditions of the 'Sunday School Child Behaviour Policy' (copies available).
- From time to time, Gurdwara Ramgarhia Sabha Programming team would like to update you of special programmes/meetings which may be of interest to you and your family. In order for us to do this, we require your permission to share your contact details with the programming team. Please tick if you do not wish to be contacted for this purpose

We agree for our child/ren to attend the Annual Vaisakhi Programme in April which is compulsory for all students

We agree to our child/ren wearing the uniform as stated overleaf.

We agree for a member Admin to seek emergency First Aid should a serious situation arise and any delay may be detrimental to the health of the child.

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