YNCX: REACH OUT, DISCOVER YOUR POTENTIAL AND CELEBRATE YOUR ACHIEVEMENTS!

Reaching out to communities & helping communities discover their full potential

EXTRA STUDY SUPPORT SCHOOL PROGRAMME (S3P)
REGISTRATION FORM

Subjects Required: **We recommend that your child to attend 2hrs each day to benefit fully from the programme**

Subjects Required: Maths ☐ Science ☐ English ☐

Hours Required: 2hrs ☐

Child's Details

First Name(s):

Surname:

Home Address:

Date of Birth: / /	Class/Year	Ethnic Origin:

Child's School Name:

Parents/Carer/Guardian Detail

Name of main Carer:

Home Address: (if different):

Telephone Number: Home:

Mobile:

Next of Kin:

Agreement

I/We agree that my/our child/ren will attend the session regularly and punctually throughout the duration of the programme. I/We will inform the programme in advance on days that they may/will not attend.

Parent/Carer's Signature: _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ .

We will from time to time take and publish photographs featuring students participating in our programme for publicity purposes. We will make sure that this is done within the Child Protection and current Data Protection Act. We will not do this unless we have you permission.

I give my permission. ☐ I do not give my permission: ☐

Parent/Carer's Signature : _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ . _ .