

肯辛顿・韦德

Fulham Palace Road, London, W6 9ER  
Tel: 020 3096 2888

Please PRINT CLEARLY in capital letters

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| **HOLIDAY ACTIVITY CAMP APPLICATION FORM** | | | | |
| **PUPIL INFORMATION** | | | | |
| Child’s Surname: | Child’s First Name: | | | Chinese Name (if applicable): |
| Date of birth: | Gender (M/F): |  | | |
| First Language Spoken: | Other Languages Spoken: | | | |
| Current Nursery/School: |  | | | |
| **PARENT/GUARDIAN INFORMATION** | | | | |
| **PARENT 1 details** | | **PARENT 2 details** | | |
| Title (Mr/Mrs/Miss/Ms/Dr): | | Title (Mr/Mrs/Miss/Ms/Dr): | | |
| First Name: | | First Name: | | |
| Last Name: | | Last Name: | | |
| Relationship to Child (e.g. Mother): | | Relationship to Child (e.g. Father): | | |
| Address: | | Address: | | |
|  | |  | | |
|  | |  | | |
| Postcode: | | Postcode: | | |
| Occupation: | | Occupation: | | |
| Mobile: | | Mobile: | | |
| Email: | | Email: | | |
| In the case of separated / divorced parents, please state with whom the child usually resides: | | | | |
| If there are special circumstances, such as a medical matter, physical disability or learning difficulty which may affect your child’s learning ability or  prevent your child from accessing the school’s curriculum and facilities please give details: | | | | |
| Photo Consent: Y/N | | | | |
| Days Attend (Please Tick):  07/04/2025 □ 08/04/2025 □ 09/04/2025 □ 10/04/2025 □ 11/04/2025 □ | | | | |
| **SIGNATURES** | | | | |
| I confirm that the information completed above is correct, and I will inform Kensington Wade of any changes in writing. | | | | |
| Signature of Parent: | | | Date: | |