

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: |