

SUMMER CAMP FORM



Royal School

REGISTRATION FORM PERSONAL INFORMATION (EXTERNAL STUDENTS)

Student's Name :

Level of English : Date Of Birth :
D D M M Y Y

Full Address :

Nationality : Postcode :

City / Country : School:

Allergies:

Tutor 1 Name : Phone No:

Tutor 2 Name : Phone No:

E-Mail 1 :

E-Mail 2 :

Bank account :

Please mark with an X your option:

WEEK 1-2
1st- 12TH JULY

WEEK 3-4
15TH - 31st JULY

JULY
1st -31st

Bus Service

Signature Of Tutor 1

Signature Of Tutor 2

THANK YOU FOR YOUR INFORMATION

981 30 96 90