



YOUTH LEARNING NETWORK LTD

**{ORGANISING TO EDUCATE, REPAIR AND RESTORE SELF ESTEEM
AND PRIDE IN THE AFRICAN HERITAGE COMMUNITY}**

**C/o System Solutions
Unit 2, 17 – 19 Blackwater Street, East Dulwich
London SE22 8SD**

**Telephone: 078 216 23009 Email: info@Youthlearningnetwork.org
Website: www.Youthlearningnetwork.org**

Enrolment Application Form

Data Protection Act

This information is being collected so that we can put your daughter/son in the right class for her/his age group and to allow us track her/his attendance and progress. It also helps us to keep your daughter/son safe – so that we can contact you if they are ill or hurt, for example.

We will not contact your daughter/son's mainstream school without your permission in writing. We give the information within the solid lines _____ (see below) to our funders so that they can check our work. We do not give information to any other organisation.

Daughter's/Son's: Surname: _____ Forename(s): _____

Male

☐

Female

☐

Weekday (mainstream) school attended: -----

Year Group: ----- Date of Birth: -----

Ethnic Origin: ----- Borough: -----

Parent (s) Details:

Mother's/Father's/Legal Guardian (delete as appropriate)

Name(s): _____

Address: _____

Post Code: _____ Telephone: _____

Email address _____

Emergency Names and Telephone Numbers

Primary Contact: _____ Tel. _____

Secondary Contact: _____ Tel. _____

Any Other Information we should know:

(Such as your child's medical condition or dietary requirements)

Signed: _____ Relationship to Child: _____ Date: _____

Academic Record: Attach to this form:

1. Most recent school test result for baseline assessment
2. Latest school Report

Please comment on:

- (I) the applicant's academic progress and conduct at school
- (II) concerns over her/his current schooling
- (III) hobbies, club membership etc

Please continue on a separate sheet if necessary

Executive Director's Signature: -----Date: -----