

Descriptive Writing Course Registration Form, Summer 2020

Student Details

Full Name: _____

Date of Birth: ____/____/____ Gender: male female other

School: _____ Year Group: 7 8 9

Please indicate the nature of any disabilities, allergies, medical conditions or special educational needs that I should be aware of: _____

Contact Details

Contact number: _____

Contact email: _____

Contact address: _____

Emergency Contact 1:

Name: _____

Relation to child: _____

Contact number(s): _____

Emergency Contact 2:

Name: _____

Relation to child: _____

Contact number(s): _____

How did you hear about the course?

Newsletter Please give details _____

Poster Please give details _____

Social media

Through school

Word of mouth

Online advertisement Please give details _____

Other Please give details _____

I give permission for the applicant to be photographed and for the images to be used for publicity purposes. yes no

Please note, I will contact you in June requesting payment of the course fee and detailing payment method options. The fee is non-refundable.

Parent/guardian signature: _____

Print name: _____

Date: ____/____/____

Please email your completed registration form to buddingwriters.sussex@gmail.com. I will be in contact once I have received your application.