



Russian as Mother-Tongue Programme

REGISTRATION FORM
Academic year 20...../20.....

Please write clearly and return the form to:
Russian School RS, 88 Eastern Avenue, Chippenham SN15 3LW

Student's Details:

Name:

Preferred name (if any):

Age: Sex: Birth date: School year Sep 20..... :

Level of Russian:

Interests / Activities:

Any allergies and special problems we need to know about:

.....

Name of sibling(s) attending Russian School:

Address:

.....

..... Post code:

Parents / Guardians Details

Parent One: Name:

Daytime tel: Evening tel:

E-Mail:

Parent Two: Name:

Daytime tel: Evening tel:

E-Mail:

Emergency Contact

Name:

Daytime tel: Evening tel:

E-Mail:

Relationship to Child:

Signature of Parent or Guardian: Date: