

: REACH OUT, DISCOVER YOUR POTENTIAL AND CELEBRATE YOUR ACHIEVEMENTS!

Reaching out to communities & helping communities discover their full potential

EXTRA STUDY SUPPORT SCHOOL PROGRAMME (S3P) REGISTRATION FORM

Subjects Required			
We recommend that your child to attend 2hrs each day to benefit fully from the programme			
Subjects Required:	Maths	Science	English 🗆
Hours Required: 2hrs			
Child's Details			
First Name(s):			
Surname:			
Home Address:			
Date of Birth: / /	Class/Ye	ear	Ethnic Origin:
My Child's School Name is?:			
Parents/Carer/Guardian Detail			
Name of main Carer:			
Home Address: (if different):			
	Home:		
Telephone Number:	Mobile:		
Next of Kin:			
Agreement			
I/We agree that my/our child/ren will attend the session regularly and punctually throughout the duration of the			
programme. I/We will inform the programme in advance on days that they may/will not attend.			
	Parent/Carer's	Signature:	
			s participating in our programme for publicity and current Data Protection Act. We will not do
	l give my perm	nission.	I do not give my permission:

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