

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:

**1st- 15th
JULY**

☐

**16th - 31st
JULY**

☐

**JULY
1st -31st**

☐

Signature Of Tutor 1

Bus Service

☐

Lunch

☐

Signature Of Tutor 2

THANK YOU FOR YOUR INFORMATION

981 30 96 90