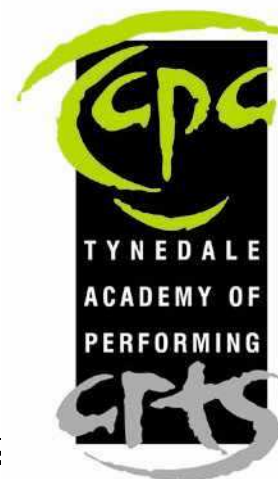


Application Form



Student's Full Name:	First:	Surname:	
Date of Birth:		Age:	School name & school Year:
Address:			
Email Address:			
Telephone Number:	Area Code:	No.	
Parents/Guardians Names	1.	2.	
Address if different from above:	1.	2.	
Emergency contact Names/Numbers:	1.	2.	
Health Conditions TAPA teachers should be aware of:			
Medication requirements:	I do/do not consent to basic first aid being administered.		
Eating/Drinking restrictions:			
Drop off & collection times:			
How will your child travel home after sessions:	Collected by:	Walk home alone:	
	Other, please specify:		
<p>My son/daughter does/does not need support when undertaking activities which involve reading/writing.</p> <p>I do/do not consent for photographs taken by TAPA teachers to be published on the TAPA website, leaflets etc. (No personal details will be disclosed).</p> <p>I heard about TAPA from.....</p> <p>Parent/Guardian signature</p>			

Principal:
 Lesley Lofthouse B.A. (Hons), Dip C G, P G C E.
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 www.tapa.uk.com