**Application Form for Year 5, 11+ Online Course**

Student First and Last Name:

Gender: M / F

Date of Birth: / /

Current School:

Parent First and Last Name:

Parent Primary Contact Number:

House Number/Name:

Street Name:

Town/City:

County:

Postcode:

Country:

Where did you first hear about JS Tutoring? (Circle or underline all that apply)

Recommendation/Leaflet/Our Website/Search Engine/Social Media/Other

If recommendation, please state the full name of the person who recommended you and either their phone number/email (the referrer may be eligible for a £20 referral fee subject to terms and conditions)

Name of referrer:

Phone number/email of referrer:

Special Needs? Yes/No

If Yes, please specify details:

By signing this application form, I hereby agree to the “Terms and Conditions” of JS Tutoring

(Please tick/cross box if you agree the terms and conditions, note that you can click the box and type “X” if you are doing so electronically)

I agree to JS Tutoring using this data in accordance with the JS Tutoring Privacy Policy.

(Please tick/cross box if you agree to our privacy policy, note that you can click the box and type “X” if you are doing so electronically)

Name of Parent / Guardian:

Date:

Signature (Electronic/Physical):