

**These forms should be completed and returned to AtoZ Educational Services**

**Parental Consent and Medical Form for 11+ tutoring in the following premises:**

- ❖ **Wallington United Reformed Church- Stanley Park Road, Wallington. SM6 0EU**
- ❖ **Stanley Park High School. Damson Way, Carshalton, Surrey SM5 4NS**

**Please note:**

All sections must be completed using **BLOCK CAPITALS** in black or blue ink. If this form is not completed in full and returned the child/young person will not be able to participate in the sessions

**Full name of child**..... **Date of birth** ..... /..... /.....

**Address** .....

..... **Postcode**.....

**Telephone number(s)** .....

**E-mail:** .....

**Gender:** M / F (please circle) **11+ Exams in** (please circle) –2019 / 2020/ 2021/ 2022/ 2023

**Where did you hear about us?** .....

**Specify parent's/ Child's name** .....

**Names of siblings taught by AtoZ previously** .....

**Does your child have any learning difficulties, past or present?** .....

**The person to contact in case of emergency during this event is:**

**Name** .....

**Relationship to child/young person:** .....

**Address:**.....

..... **Postcode**.....

**Telephone no(s)** ..... **Mobile no(s)** .....

**Should the above not be available, please contact:**

**Name** .....

**Relationship to child/young person:** .....

**Address:** .....

..... **Postcode**.....

**Telephone no(s)** ..... **Mobile no(s)** .....

**Child's/Young person's registered GP:** .....

Name .....

Address..... Postcode.....

Telephone no(s) .....

National Health Number (if known) .....

**1. Please state date of last anti-tetanus injection** (if known) ..... /..... /.....

**2. Does the child/young person suffer from any allergies?** (e.g. medicine, food, insects...)

Yes  No  (please tick) If yes, please give details

.....  
**3. Does the child/young person have any medical conditions** which we should be aware?  
(e.g. asthma, fits, migraine, epilepsy)

Yes  No  (please tick) If yes, please give details

.....  
**4. Does the child/young person have any disability** about which we should be aware?

Yes  No  (please tick) If yes, please give details

.....  
**5. Is the child/young person taking any medication?**

Yes  No  (please tick) If yes, please give details

.....  
**6. Has the child/young person been in contact with or suffered from any disease** which is or may be contagious or infectious, **in the last four weeks?**

Yes  No  (please tick) If yes, please give details

.....  
**Declaration**

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for ..... (insert child/young person's name) to take part in the event named above.
- I give permission for these details to be kept on computer or otherwise held on our records on the understanding that they will be held in accordance with privacy legislation and shall not be disclosed to 3rd parties apart from such as the emergency services.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following:.....

**I confirm that the foregoing information is correct in all respects. I undertake to inform the manager/director of AtoZ Educational Services should any of the above information change by date of event or from time to time.**

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic, and give permission for an ambulance to be called:

Yes  No  (please tick)

Signed (parent or adult with parental responsibility) .....Date ..... /..... /.....

### Paper Class Centres:

#### ❖ Stanley Park High School. Damson Way, Carshalton, Surrey SM5 4NS

AtoZ Educational services will be providing Paper Classes under the following conditions:

- I have read and clearly understood the measures involved in arrival and departure policies implemented by AtoZ Educational services.
- I (Parent/Carer) understand that I am responsible for payment of all fees, when they are due. I also understand the fees paid is for five/six consecutive weeks and this **cannot be transferred to another day and is not refundable under any circumstances.**
- I (Parent/Carer) understand that if my child wishes to discontinue the Paper Classes after the consecutive weeks, I have to send an email to [info@atozeducationalservices.com](mailto:info@atozeducationalservices.com), if not my child will be charged. If I wish to continue again, I need to call and check for availability before I make the payment for the next five/six slots.
- I (Parent/Carer) have read and clearly understood the measures involved in Health and Safety policies implemented by AtoZ Educational services.
- I am (Parent/Carer) aware that CCTV cameras are installed for the safety and protection of my child and these recordings will be deleted after a suitable time in accordance with our privacy policy and applicable data protection legislation.
- I (Parent/Carer) is aware that my child will only get a place if she/he passes the Assessment on the day. I am also aware and consent to the fact that the Assessment Papers will not be released under any circumstances.

#### ❖ Wallington United Reformed Church- Stanley Park Road, Wallington. SM6 0EU

AtoZ Educational services will be providing teaching lessons under the following conditions:

- I (Parent/Carer) understand that I am responsible for payment of all fees, when they are due.
- I (Parent/Carer) have read and clearly understood the measures involved in arrival and departure policies implemented by AtoZ Educational services.
- I (Parent/Carer) have read and clearly understood the measures involved in Health and Safety policies implemented by AtoZ Educational services.
- I (Parent/Carer) is aware only the tutor Mr. Bala Sivaraman and other children (9 years/10 years, 5 or more) will be present in the teaching class.
- I am (Parent/Carer) aware that CCTV cameras are installed for the safety and protection of my child and these recordings will be deleted after a suitable time in accordance with our privacy policy and applicable data protection legislation.

Please sign below to confirm acceptance of the terms and conditions set by AtoZ Educational services.

**Name (in block capitals):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Carers please note – If this form is not completed in full and returned, the child will **NOT BE ABLE** to participate in the Teaching Classes.

## GDPR

Parents/Carers should be most likely be aware the new EU General Data Protection Regulations (GDPR) that came into on 25th May 2018. We are pleased to inform you that we have updated our Child Safety Policies and data protection and privacy policy to reflect our commitment and compliance with GDPR including with regard to the handling of your/your child's personal data provided to us. All personal data provided is treated as confidential at all times and will not be passed on to a third party or organisation without your consent, save as provided in our data protection and privacy policy in accordance with the law. Please take time to review our data protection and privacy policy, available on our website or request.

As the laws around Data Protection are changing, we are asking everybody to tick (if you agree) and cross (if you disagree) and confirm the following: You may also refer to our website which has latest version of our data protection and privacy policy/notice updates. These are also available upon request.

I would like to receive class updates (class homework, class changes, Mock Test results, Paper Class questions and answers etc...) via email, call or text

I would like to receive emails or phone calls regarding new classes, latest offers even after leaving AtoZ Educational Services.

You can amend or withdraw your consent at any time by sending us an email to [bala@atozeducationalservices.com](mailto:bala@atozeducationalservices.com)

**Name (in block capitals):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for your ongoing support.

Yours faithfully,  
AtoZ Educational Services Ltd.