



SINCERE. SYSTEMATIC. SUCCESS

The 11+ Specialist

www.atozeducationalservices.com

All sections must be completed using **BLOCK CAPITALS** in black or blue ink.

Child's info:

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

Address:..... Postcode

Telephone number(s)

E-mail:

Gender: M / F (please circle) 11+ Exams in (please circle) – 2021/ 2022/ 2023/2024

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 registered GP:

Name

Address:..... Postcode

Telephone no(s)

National Health Number (if known)

1. Does the child suffer from any allergies? (e.g. medicine, food, insects...)

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

.....

2. Does the child have any medical conditions which we should be aware?

(e.g. asthma, fits, migraine, epilepsy)

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

.....

3. Does the child have any disability about which we should be aware?

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

.....

4. Is the child taking any medication?

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

.....

5. Has the child 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 /..... /.....

Important Child Safety Policies/ Guidelines for all the centres used by AtoZ Educational Services

Dropping off

- Parents/Carers are requested to drop off their child **ten minutes** before the lessons start.
- On arrivals Parents/Carers bring their child into entrance and hand over the child to a member of staff.
- On arrivals Parents/Carers are solely responsible for dropping their child at the entrance and AtoZ Educational services will not be responsible for any accidents and incidents which take place in the process.

Pick-ups

- At the end of the session, the children are all gathered together in the Paper Class centre. Parents/Carers will give their child's name to a member of staff and wait until the child arrives.
- Any Parent/Carer who wishes to get feedback should queue up in the 'Feedback Queue' and wait for their turn to be called.
- Parents/Carers will expressly notify a member of staff when dropping their child if there are any changes to the person collecting a child. (e.g. A friend/relative/neighbour collecting their child)
- Parents/Carers are solely responsible for picking up their children after the Paper Classes and AtoZ Educational services will not be responsible for any accidents and incidents which take place in the process.

First Aid Kit

A First Aid Kit is kept in all our centres.

Accidents and Injuries

Accidents and injuries are recorded in AtoZ Educational services- Accident Book. Parents are requested to sign this book when they are informed about accidents, incidents, injuries and exceptional events which have happened to their child and the action that was taken.

Hospital Treatment

When this is necessary a member of staff will telephone the Parent/Carer and an ambulance. If the parent or the other person stated in the Parent Consent Form cannot get to the Paper Class Centre in time a member of staff will not accompany the child to hospital, instead they will be handed over to the medical team. Efforts will continue to be made to summon the parent to hospital.

Emergency Evacuation Procedure

If there is a fire, gas leak, bomb or similar need to evacuate the building the children will be lined up by the fire exit door which are situated through the main doors of each hall and entrance.

Toilet Breaks

Parents/Carers are advised and are responsible to accompany their children to the toilets prior to the Paper Class, however if a child needs to use the toilet during the Paper Class session they could use it safely. We have two CRB checked teaching assistants supervising children during toilet breaks. Parents/Carers should not be alone in the toilet area with any children, except their own.

CCTV Cameras

We have installed CCTV Cameras may be installed and used for the safety and protection of children. The recordings will be deleted after a suitable time in accordance with privacy legislation and our data protection and privacy policy. A copy of the data protection and privacy policy can be found on our website or available on request.

If parents have any queries based on the details in this health and safety pack, please do not hesitate to contact Mr. Bala Sivaraman on the following number or email address.

0208 9355 604

info@atozeducationalservices.com

Assessment test

Please read the following conditions carefully and sign the declaration below

1. Assessment test is carried out in the event we receive more applications for places in the program than available. It is not our intention to subject your child/dependent to any pressure or stress. This is a form of a selection process due to limitations in accommodation without compromising our high-quality standards, we believe that the assessment test gives a fair opportunity to all on a level playing field.

2. It is the sole responsibility of the parent/guardian to decide whether to enter his/her child/dependent to participate in the above selection process taking into careful consideration of the disposition of the child.

I..... being the parent/guardian ofhave read and understood the information set out above. I further declare that in my opinion, my child/dependent is fully capable of participating in the assessment test.

Parent/Carer consent form for all the centres used by AtoZ Educational Services

- I have read and clearly understood the measures involved in arrival and departure policies implemented by AtoZ Educational services.
- I (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, 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 may be installed and used 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.**

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 info@atozeducationalservices.com

Name (in block capitals): _____

Signature: _____

Relationship to child: _____

Date: ____/____/____

Class Timings

Batch 1

Sunday	9:30-11:00	English
Sunday	11:30-13:00	Maths
Saturday	2 pm- 4pm	English and Maths
Mandatory Paper Class		

Batch 2

Sunday	9:30-11:00	Maths
Sunday	11:30-13:00	English
Saturday	2 pm- 4pm	English and Maths
Mandatory Paper Class		

Batch 3

Sunday	14:00-15:30	English
Sunday	16:00-17:30	Maths
Saturday	2 pm- 4pm	English and Maths
Mandatory Paper Class		

Batch 4

Sunday	14:00-15:30	English
Sunday	16:00-17:30	Maths
Saturday	2 pm- 4pm	English and Maths
Mandatory Paper Class		

Please circle the preferred batch for your child below. **We will try our best** to accommodate your child in the preferred time slot.

1st Preference: Batch 1 Batch 2 Batch 3 Batch 4 (Please circle one)

2nd Preference: Batch 1 Batch 2 Batch 3 Batch 4 (Please circle one)

Please complete this form and bring it with you for the assessment.

Do not post or email this completed form to any of our centres.