



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) – 2024/ 2025/ 2026/ 2027/ 2028 /2029

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 by 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 the date of the 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 /..... /.....

Health and Safety Policies

Dropping off Protocol

- Parents/Carers are kindly requested to ensure that their child arrives at the designated premises twenty minutes before the commencement of the Assessment.
- Upon arrival, Parents/Carers are required to accompany their child to the entrance and hand them over to a designated member of our staff.
- Parents/Carers bear sole responsibility for escorting their child to the entrance upon arrival, and AtoZ Educational Services shall not assume liability for any accidents or incidents occurring during this process.
- Please be advised that neither AtoZ Educational Services nor its staff shall be held responsible for any accidents within the play area or waiting area. This includes accidents involving both the attending child and any accompanying siblings.

Pick-ups Protocol

- Parents/Carers should inform a staff member during drop-off of any alterations to the designated individual collecting the child. This may include a friend, relative, or neighbour.
- Parents/Carers bear exclusive responsibility for retrieving their child/children following the Assessment, with AtoZ Educational Services absolved of any liability for accidents or incidents occurring during this process.
- Parents/Carers bear exclusive responsibility for retrieving their child/children following the Assessment on time. Any delays exceeding 15 minutes beyond the scheduled finishing time will incur a charge of £30 per hour.

Toilet Break Protocol

- Parents/Carers are duly advised and hold responsibility for escorting their children to the restroom before the commencement of the Paper Class. However, if a child necessitates the use of the facilities during the session, provisions have been made to ensure their safe access.
- Our teaching assistants, who have undergone thorough DBS checks, oversee and supervise children during such breaks. Furthermore, it is imperative to note that parents/carers should refrain from being unaccompanied in the toilet area with any children aside from their own.

CCTV Cameras

- CCTV cameras may be installed and employed to ensure the safety and security of children within our premises. Recordings generated by these cameras shall be subject to deletion by the stipulations outlined by pertinent privacy legislation, as well as in alignment with our established data protection and privacy policy.
- For further insight into our data protection and privacy policy, a comprehensive copy thereof is readily accessible on our official website or may be obtained upon request.

First Aid Kit

Every centre is equipped with a First Aid Kit.

Accidents and Injuries

All accidents and injuries are documented in the AtoZ Educational Services Accident Book. Parents are kindly requested to sign this book upon being informed about any accidents, incidents, injuries, or exceptional events involving their child, along with the actions taken.

Parking Arrangement Protocol

Ensuring the safety and well-being of our students remains our utmost priority at our Paper Class Centre. To maintain a secure and organised environment, we kindly request your cooperation in adhering to the following guidelines:

- AtoZ Educational Services or the school will not accept liability for any accidents, injuries, or theft resulting from parking on the school premises
- A strict 5mph speed limit is enforced, and we kindly request that all drivers exercise extreme caution when entering and exiting the car park.
- Please drive sensibly within the area, being fully mindful of the presence of both adults and children.
- Pedestrians are strongly advised to exercise the utmost caution when traversing the car park, as vehicles may be entering or exiting at any time. AtoZ Educational Services or the school disclaims any liability for accidents or injuries that may occur to pedestrians.
- Please refrain from roaming around the school premises.
- The car park should be utilised solely for dropping off or picking up your child.
- In line with our eco-friendly initiatives, kindly switch off your engine if you intend to remain parked.
- Please refrain from congregating on the school premises for social chats.
- Please park only in designated spaces, avoiding parking on yellow lines.
- Parents are permitted to wait only in designated areas within the school premises. We kindly ask that you avoid wandering into classrooms and other communal areas.
- Finally, please adhere to the instructions provided by our parking attendants.

Hospital Treatment

If hospital treatment is required, a staff member will contact the Parent/Carer and, if necessary, call for an ambulance. If the designated person on the Parent Consent Form cannot reach the Paper Class Centre in time, a staff member will not accompany the child to the hospital but will instead hand them over to the medical team. Every effort will be made to contact the parent to join the child at the hospital.

Emergency Evacuation Procedure

In the event of a fire, gas leak, bomb threat, or similar emergency requiring building evacuation, children will be guided to line up by the fire exit doors, which are located through the main entrances of each hall and entrance.

Please sign below to confirm acceptance of the Health and Safety Policies set by AtoZ Educational Services.

Name (in block capitals): _____ **Signature:** _____

Relationship to child: _____ **Date:** ____/____/____

Batch Selection

Please select the preferred time for your child below. We will make every effort to accommodate your preferences to the best of our ability. Please take note of the following:

Please Note:

1. Your child will be allocated three time slots, one each for English, Maths, and the Saturday Paper Class.
2. You have the option to select the same-day slots for both English and Maths. However, we advise parents who opt for this arrangement to provide a snack (nut-free) for their child, as there will be a 15-minute break between the subjects.

Batch 1	Saturday 3 pm - 5 pm Paper Class	Sunday 9:30 am – 11 am (English)	Sunday 11:15 am - 12:45 pm (Maths)	Status places available
Batch 2	Saturday 3 pm - 5 pm Paper Class	Sunday 9:30 am – 11 am (Maths)	Sunday 11:15 am - 12:45 pm (English)	Status places available
Batch 3	Saturday 3 pm - 5 pm Paper Class	Sunday 1:30 pm – 3 pm (English)	Sunday 3:15 pm - 4:45 pm (Maths)	Status places available
Batch 4	Saturday 3 pm - 5 pm Paper Class	Sunday 1:30 pm – 3 pm (Maths)	Sunday 3:15 pm - 4:45 pm (English)	Status places available
Batch 5	Saturday 3 pm - 5 pm, Paper Class	Thursday 5 pm - 6:30 pm (English)	Friday 5 pm - 6:30 pm (Maths)	Status places available
Batch 6 Only Paper Class *	Saturday 3 pm - 5 pm Paper Class	n/a	n/a	Status places available

* Please select Batch 6 if you wish your child to attend only Paper Classes and not the teaching sessions

Please circle **two** from the below:

Batch 1	Batch 2	Batch 3	Batch 4	Batch 5	Batch 6
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