



# Application Form

Parents/Guardians Name:

Childs Name:  Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address:  Telephone:

Postcode:

Special/Health needs:   
E.g. allergies, asthma, epilepsy

## Class Information

Class:  Stage 1     Stage 2     Stage 3     Stage 4  
 Stage 5     Stage 6     Stage 7     Stage 8  
 Stage 9     Rookie Lifeguard     Multi Skills

Day:

Time:

Cheque  
(Please make cheques payable to Monkton Combe School)

Card Payment

Cash

Card Type:

Debit / Credit Card Number:

Switch Card Number:

Issue number:

Card Security Number

Start Date   /

Expiry Date   /

To the best of my knowledge the information provided above is accurate

Parents/Guardians Signature:

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_