

**REGISTRATION FORM – SUMMER SCHOOL 2011**

Name of Student	
Age in July 2011	
Parent's name	
Address	
Telephone - Home	
Telephone - Mobile	
Number to contact in case of emergency	
E Mail	

Level of English if not a pupil at ISM:

Basic  Intermediate  Advanced

How many weeks do you want your child to attend the summer school?

The first 2 weeks  The second 2 weeks  The whole month

Do you require the school bus service?

Yes  No

*(See separate sheet if you do require the bus service.)*

**ANY MEDICAL NEEDS OR ALLERGIES:**

Please indicate YES / NO

If YES give a brief description

Parent's Signature: \_\_\_\_\_