

REGISTRATION FORM – SUMMER SCHOOL 2010

Name of Student	
Age in July 2010	
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: _____