

# PROFESSIONAL TUTORING CENTRE

## VINGEORGE EDUCATION LIMITED

### Application Form

<b>Name of Pupil (in full):</b>	<b>Age:</b>	
<b>Name and Address of Main School:</b>		
<b>Target Level/Grade:</b> Science: _____ Mathematics _____		
<b>Name of Parent/Guardian:</b>		
<b>Address:</b>		
<b>Post code:</b>		
<b>Telephone:</b>		
<b>Mobile:</b>	<b>E-mail:</b>	
<b>Frequency of attendance (Pls. tick the most appropriate):</b>		
<input type="checkbox"/> More than once/week <input type="checkbox"/> once/week <input type="checkbox"/> once/2 weeks <input type="checkbox"/> once/month		
<b>Preferred Day(s) of Attendance:</b>		
<b>Monday</b> <input type="checkbox"/> 5.00-6.15 pm <input type="checkbox"/> 6.30-7.45 pm	<b>Tuesday</b> <input type="checkbox"/> 5.00-6.15 pm <input type="checkbox"/> 6.30-7.45 pm	<b>Wednesday</b> <input type="checkbox"/> 5.00-6.15 pm <input type="checkbox"/> 6.30-7.45 pm
<b>Thursday</b> <input type="checkbox"/> 5.00-6.15 pm <input type="checkbox"/> 6.30-7.30 pm	<b>Friday</b> <input type="checkbox"/> 5.00-6.15 pm <input type="checkbox"/> 6.30-7.30 pm	<b>Saturday</b> <input type="checkbox"/> 9.30-10.45 am <input type="checkbox"/> 11am-12.15 pm
<b>Exams to be taken:</b> Name of Exam Board	<b>Type of exams: (Please circle or select)</b> SATS KS 2 SATS KS 3: <input type="checkbox"/> Level 3 – 6 <input type="checkbox"/> Level 5 – 7 GCSE: <input type="checkbox"/> Found <input type="checkbox"/> Higher <input type="checkbox"/> Additional	<b>Time of exams:</b>
<b>Any further information:</b> (you may indicate here the subject of priority, if applicable, any health information, allergies, behaviour concerns etc.)		

*Pls drop in the form or post it to the address below.*