

## Wizard Education

www.wizardeducation.co.uk

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## This form to be completed by school / person requesting pupil admission to Wizard Education

Position:					,	Schoo	ol								
Referred through:	School Yes No Swindon Tuition Services Yes No Contact Name & No:														
Student Information	Legal forena	Legal forename: Legal						al Surname:							
DOB:	Age:		Sex:	Pleas	se sel	ect	*Enrolment status:								
ULN:	UCI:						UPN:								
Address:															
Town:	Post code:														
* Places angu	ansure that you are aware of the charging noticy for numite that are being referred to Mirard														
* Please ensure that you are aware of the charging policy for pupils that are being referred to Wizard Education as once they have been admitted you will receive charges from this date.															
Parent / Carer contact details. Please give as much contact information as possible.															
Name:						Relat	ions	ship:							
Email:				Hor	me:				Mobile						
Name:						Relat	ions	ship:							
Email:				Hor	me:				Mobile	:					
Name:						Relat	ions	ship:	_						
Email:				Hor	ne:				Mobile	:					
Please ensure copies of the following are sent within 5 working days from date of referral. Students will not be permitted to start at Wizard Education without this information  CAF															