REGISTRATION FORM

Name of the Student	
Preferred Name	
Date of Birth	-
School Year	_
Language(s) spoken at home	-
Address	_
Name of Parents/Carers	-
Parent's/Carers' phone and email address	_
	_

La Escuelita de Español, LTD International House, 12 Constance Street, London, E16 2DQ

Aiteilia	tive emergency contact/Relationship (Name and phone number)
1.	
2.	
3.	
se, do let	us know if there is any medical condition/allergies we should be aware of:
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