



Guardianship Registration Form

Student details

First name

Last name

Nationality

Date of Birth

Gender

Male Female

Passport Number

Passport expiry date

Current email address of student (If any)

Name of English school

Academic Year

Boarding House (If known)

Start date at school

First language

Other languages spoken

Does your child have any health issues?

Yes No

If so, what are they?

Does your child have any allergies?

Yes No

If so, what are they?

Does your child have any particular dietary requirements?

Yes No

If so, what are they?

Will the student return home at half-term?

Yes No Not yet sure

Mother's details

First name

Last name

Occupation

Telephone no.

Email address

Home address

ZIP Code

Country

Father's details

First name

Last name

Occupation

Telephone no.

Email address

Home address

ZIP Code

Country

Emergency contact in case neither parent is available

First name

Last name

Telephone no

Email address

Contact details of any relatives or friends in the UK

First name

Last name

Telephone no

Email address

Please save your completed form and email to Anglia Tutors at enquiries@angliatutors.uk