



WEALD OF KENT SUMMER WORKSHOP APPLICATION FORM

Please return to admissions@wealdgs.org by 9 July 2021

Parent / Guardian details

First name:

Last name:

Relationship to student:

Preferred contact number:

email:

Emergency contact (or alternative contact if the main contact is the emergency contact)

First name:

Last name:

Relationship to student:

Contact number:

Student

First name:

Last name:

Form group:

Any medical notes or important information: