

## Milton Keynes Hindu Association

To Preserve & Promote Hindu Culture Ferry Meadows Close, Broughton, Milton Keynes. MK10 9QY.

Registered Charity Number: 1212250 info@mkha.org, secretary@mkha.org, Tel: 0300 365 1008

## Education Enrolment Form v2.01

PLEASE FILL ALL SECTIONS IN BLOCK CAPITALS

| Please Tick  | (√) C       | lass / Cla     | sses  |                     |               |             |      |
|--|-------------|----------------|-------|---------------------|---------------|-------------|------|
| Gu   | ujarati     |                | Hindi | i                   | Dance         | Bharatanat  | tyam |
| Candidate Deta   | <u>ails</u> |                |       |                     | •             |             |      |
| Last name  |             |                |       |                     | Date of birth |             |      |
| First name   |             |                |       |                     | Gender        | Male/Female |      |
| Parent/Guardia   | an De       | tails          |       |                     |               |             |      |
| Name   |             | 99             |       |                     |               |             |      |
| Contact No.  |             |                |       |                     |               |             |      |
| From time-to-time MKHA would li<br>permission of Parent/Guardian. Ir |             |                |       | -                   |               | Yes         | No   |
| House no./nam  | 1e          |                |       |                     |               |             |      |
| Street   |             |                |       |                     |               |             |      |
| Town/City  |             |                |       |                     |               |             |      |
| Post Code  |             |                |       |                     |               |             |      |
| Email address  |             |                |       |                     |               |             |      |
| Candidate Pers   | sonal       | <u>Details</u> |       |                     |               |             |      |
| Does the candidate suff allergies, illness, disabil                  |             |                | າ any |                     |               |             |      |
| Is the candidate on any medications?                                 |             |                |       |                     |               |             |      |
| Declaration by I have read and un-                                   |             |                |       | ns and agree to abi | ide by them.  |             |      |
| Print name   |             |                |       |                     |               |             |      |
| Signature  |             |                |       |                     |               |             |      |
| Date   |             |                |       |                     |               |             |      |