



ALEPH CONSULTING STUDENT REGISTRATION FORM

STUDENT

Name of Student: _____

Address: _____

Contact Tel. No: _____

E-mail address: _____

Current School Year Group (for under 18s only): _____

Age (for under 18s only): _____

Special Educational Needs where applicable: This could include but is not limited to: ADHD, Asperger's Syndrome, Autism, Behavioural issues, Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia, Emotional problems, Hearing Difficulties, Sight impairment, Speech Impediment.

Particular difficulties that have been identified by parents/guardians and/or teachers or educational specialists (e.g. hand to eye coordination, colour differentiation, pronunciation of particular sounds). Please give as much detail as possible in the space provided.

Any other relevant information e.g. allergies, etc.:

PARENT / GUARDIAN (for students under 18)

Name of Parent/Guardian if Student is under 18: _____

Address: _____

Contact Tel. No: _____

E-mail address: _____

FEE PAYER

Name of person responsible for payment of fees (if different from above):

Address: -----

Contact Tel. No: -----

E-mail address: -----

Additional Information:

Any other relevant information regarding the student

