

St Paul's E^xtra Club

Application Form

Child(ren)'s Full Name(s):

_____ Class _____

_____ Class _____

_____ Class _____

Requested Start Date: _____

Requested Days:

am

pm

MONDAY

☐☐

TUESDAY

☐☐

WEDNESDAY

☐☐

THURSDAY

☐☐

FRIDAY

☐☐

Parent/Carer Name printed:

Email address/Mobile Phone no:

I have read and understood the fees and admissions policy

☐

Please tick

Signature of

Parent/Carer:

Date:

A deposit of £20 per child (non-refundable) to secure place(s).

Please pay by internet banking, quoting your child's surname and initial and transfer payment to LBE (St Paul's CE Primary School), account number 51481282, sort code 40-20-23.

Payment made direct to bank

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