

# Heroes Centre Limited Admission

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1. Email \*

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2. Full name of child \*

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3. Gender \*

*Mark only one oval.*

Male

Female

Other: \_\_\_\_\_

4. Current academic year \*

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5. Date of Birth \*

\_\_\_\_\_  
*Example: 7 January 2019*

6. Name of Parent/Carer \*

Carer/Parent full name

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7. Home Address with postcode \*

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8. Contact Number \*

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9. Emergency Contact Number \*

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10. Service interested in? \*

*Mark only one oval.*

- Heroes Face to Face Tuition
- Heroes Online Tuition
- Heroes Home Education Programme
- Heroes HAF Programme
- Héros Childcare - After School Clubs

11. How often would you like to pay? \*

*Tick all that apply.*

- Every 4 weeks
- Every 6 weeks (6% discount)
- Every 8 weeks (8% discount)
- Every 10 weeks (15% discount)

12. Preferred Session Time \*

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You MUST complete this section if your child has a STATEMENT OF SPECIAL EDUCATIONAL NEEDS.

State the name of the Local Authority that issued your child's statement of Special Educational Needs

13. Educational Needs

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14. Do you consider your child to have a disability as defined by the Disability Discrimination Act 1995\*?

**Mark only one oval.**

- Yes
- No

15. If Yes give details

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16. Doctor's Address \*

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17. Any known medical conditions \*

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Photography/Video Consent

Heroes Centre Limited likes to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website.

The photographs/videos will be used for promoting Heroes Centre Limited including newsletters, advertisement leaflets and posters. They may also be circulated on social media.

Any photographs/videos taken will be used only to promote Heroes Centre Limited.

18. Are you happy for images or videos of your child/children to be used by us? \*

*Mark only one oval.*

Agree

Disagree

19. Information Accuracy:

- a. I understand that a place may be withdrawn if it is offered based on fraudulent or misleading information provided on the application form.
- b. I will promptly notify Heroes Centre Limited of any changes in residency or home address that occur between the date of this application.

**Mark only one oval.**

I agree

I disagree

20.

Session Attendance:

- a. In the event that my child cannot attend a session, I agree that the session will be transferred to another date. No refund will be issued for missed sessions.
- b. If I wish to permanently withdraw my child from Heroes Centre Limited, I agree to provide a minimum of 6 weeks' notice by sending an email to [info@heroestuitionltd.co.uk](mailto:info@heroestuitionltd.co.uk).

**Mark only one oval.**

I agree

I disagree

21.

Do you give consent that Heroes Centre LTD may maintain records, obtain, and share information with parents and carers, other professionals working with the child, the police, social services, and Ofsted or the childminder agency with which they are registered, as appropriate, to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met. Records relating to individual children will be retained for two years after they have left the provision.

**Mark only one oval.**

I agree

I disagree

22. Failure to Provide Notice:

- a. I understand that it is a requirement to give 6 weeks' written notice prior to the removal of my child from Heroes Centre Limited.
- b. I acknowledge that failure to provide the required notice may result in legal charges being made against the parent.

**Mark only one oval.**

I agree

I disagree

23. Unforeseen Circumstances:

- a. In the event of unforeseen circumstances, such as a pandemic, which may require Heroes Centre Limited to provide services online, I acknowledge that the requirement for a 6-week written notice prior to cancellation still applies.

**Mark only one oval.**

I agree

I disagree

24. Are there any more children you wish to enrol? \*

**Mark only one oval.**

Yes     *Skip to question 25*

No     *Skip to question 33*

Additional Students

25. Second Student Full Name

Second Student

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26. Second Student Gender

*Mark only one oval.*

Male

Female

Other: \_\_\_\_\_

27. Second Student Year Group

Second Student

\_\_\_\_\_

28. Date of Birth \*

\_\_\_\_\_

*Example: 7 January 2019*

29. Third Student Full Name

Third Student

\_\_\_\_\_

30. Third Student Gender

*Mark only one oval.*

Male

Female

Other: \_\_\_\_\_

31. Third Student Year Group  
Third Student

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32. Date of Birth \*

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*Example: 7 January 2019*

Direct Debit Details

33. Name of Account Holder \*

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34. Account Number \*

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35. Sort Code \*

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36. If any payment fails a charge of £25 will incur for failed payment and payment will be retried automatically.

***Mark only one oval.***

I agree

I disagree



37. Electronic Signature \*

By typing in your name you agree with the terms of the Direct Debit.

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38. Were you referred by a student? \*

Pressing no will submit the form

*Mark only one oval.*

Yes     *Skip to question 39*

No

Referral

39. Name of Student

Please type the name of the student referral

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