**T.R.**

**The Turkish Consulate Education Attaché Office in Edinburgh**

**Turkish and Turkish Culture Course Registration Form**

**REGISTRATION FORM**

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| --- | --- | --- | --- |
| **STUDENT’S NAME AND SURNAME** |  | **DATE OF BIRTH** |  |
| **NAME OF THE SCHOOL CURRENTLY BEING ATTENDED** |  | **CLASS** |  |
| **THE CITY** |  | **E-mail Address** |  |
| **PARENTS / GUARDIAN** | | **PHONE NUMBER** | |
| **NAME AND SURNAME** |  |  | |
| **NAME AND SURNAME** |  |  | |
| **E-mail Address** |  | | |
| **Note:** Students should keep their cameras and microphones on whilst in lessons. | | | |

**Other Information:**

Your opinions about your child Turkish level, whether they took any reading, writing, speaking, courses before or about their GCSE level.

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Does your child have any health issue? For example; special needs, learning difficulties or behavioural difficulties. If you have any issue about your child, please explain. **This information is important and will help us to support them.**

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**Photo and video permission:**

Please tick the box if you permit the pictures/videos of your child in social activities to be released in our official website and social media platforms.

**Filled By:**

|  |  |  |
| --- | --- | --- |
| **NAME AND SURNAME** | **SIGNATURE** | **DATE** |
|  |  |  |

**After filling and signing the form please forward to** [**edinburges@gmail.com**](mailto:edinburges@gmail.com)