

**SUPERVISED AFTERNOON STUDY**  
**APPLICATION FORM**

Name: .....

Class: .....

Home Address: .....

.....

**DATE OF FIRST STUDY SESSION:** .....

Parents' contact telephone numbers (afternoons):

Mother's: .....

Father's: .....

Reason(s) for application:

.....

.....

.....

Study sessions required (please tick):

Monday      4.00 - 5.00pm    ( )

Tuesday     4.00 - 5.00pm    ( )

Wednesday   2.45 - 3.45pm    ( )

                  3.45 - 4.45 pm    ( )

Thursday     4.00 - 5.00pm    ( )