



Beacon Academy Summer School registration form

My son/daughterwould like to attend the Beacon Academy Summer School.

They will be attending for the full week (27th July– 31st July 2026)

They will only be attending for individual days

27th July 28th July 29th July 30th July 31st July

Name of child:.....

Address:.....

Dob:.....

Emergency contact 1:

Emergency contact 2:.....

Medical conditions/
medication:.....

Special educational needs

Do you give permission for your son/ daughter to be photographed?

Yes

No

Signed.....Date.....