

Student Name: \_\_\_\_\_

Tutor Group: \_\_\_\_\_

Please tick as appropriate:

My child would like to attend the Additional Mathematics classes and I enclose £8.00 to pre-order a copy of the practise book.

My child would like to attend on a:

Tuesday                       Thursday                       No preference for day

Signature: \_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_