



The Firs Independent Primary School

Ctra La Guardia 125
Costa Nova – Javea 03730
Telephone No 96 647 2929

Photo

CONTRACT FORM

C.I.F: B-53837902

Personal Details

Child's Surname _____ Date of Birth _____/_____/_____

First Name(s) _____ Preferred Name _____

Siblings (names and ages) _____

Family Details

Father's Name _____ Occupation _____ Mobile _____

Mother's Name _____ Occupation _____ Mobile _____

Guardian (if not the parents) _____ Mobile _____

Home Address _____

Telephone _____ Email _____

Emergency contacts – Please state the contact's relationship with child

1) _____ Tel No _____

2) _____ Tel No _____

Family contact (in case of extreme emergency)

Name _____ Relationship _____

Full Address _____

Telephone Number(s) _____

People authorised to collect the child:

1. _____ 2. _____ 3. _____

(Please inform the school if someone else is going to collect your child)

Previous School:

Name of School _____ Address _____

Head Teacher _____ Tel/Email _____

FEES

I agree to pay all the School Fees for _____ as accrued within each academic year.

I accept the methods and times of payment as indicated below.

Payments can be made each month, term or annually (10 monthly payments)

Payment method – cheque, bank transfer, direct debit or cash.

All School Fees must be paid in full by the following dates:

Monthly 12th of each month

Termly 12th of the first month of each term

Annually 12th September (5% reduction of School Fees only will be given with a single annual payment)

Direct Debit Forms or Bank Details for Bank Transfers can be obtained from administration

Signed (Father) _____ Mother _____ Guardian _____

Signed Head Teacher _____ Date _____