



MMIVIA TUIITION

KNOWLEDGE OF TRUTH IS ETERNAL!!!

Registration Form

Name of the child (full name):	
Gender	Date of birth:
Name of parent/carer 1:	
Name of parent/carer 2:	
Address:	
Postcode:	
Telephone number 1:	
Telephone number 2:	
Email address 1:	
Email address 2:	
Where did you hear about us?	
Does your child have any learning difficulties, past or present?	
Current school year:	Next school year:
Name of current school:	
11+ Exams in (please circle) – 2024/ 2025 /2026/ 2027	
Subjects enrolling for (please mention):	
English	
Maths	
Vocabulary	
Test class	

Parent /Carer Consent Form for online class

- ♣ MIVIA learning will be providing teaching lessons under the following conditions:
- * I parent/carer understand that I am responsible for payment of all fees, when they are due. I also understand the fees paid in advance for four/ five consecutive weeks in advance. Class fees are not refundable or transferable.
- * All fees should be paid monthly in advance.
- * I parent /carer understand that I am responsible for the proper device, required resources and tranquil environment during the class time.
- * I parent /carer understand that I am responsible for the marking during the class time for regular assessment and provide the exact outcome.
- * I parent /carer understand that I work with my child to make sure his / her homework assignments are completed and return to the teacher on time.

Name (in block capitals):-----

Signature: -----

Relationship to child: -----

Date: -----

Student Consent Form

(to be filled by student)

- ♣ What would you like to achieve from MIVIA Learning?
- ♣ What helps you learn better?
- ♣ What stops you learning your best?

- * I understand that I have to complete my homework every week and return it to my teacher on time.

Name (in block capitals): -----

Signature: -----

Date: -----

General Data Protection Regulation

We are pleased to inform you that all personal data provided is treated as confidential at all times and will not be passed on a third party or organisation without your consent.

- * I give permission for these details to be kept on computer or otherwise held on our records on the understanding that they will be held in accordance with privacy legislation and shall not be disclosed to third parties.
- * I consider my child to be medically fit to participate online class.

These are also available upon request (tick if you agree):

- I would like to receive class updates (class homework, class changes, Test Paper Class, Teaching Class and etc....) via email, call or text
- I would like to receive emails or phone calls regarding new classes, latest offers even after leaving MIVIA Learning.

Name (in block capitals): -----

Signature: -----

Relationship to child: -----

Date: -----