

Reading Challenge – Session 02 'Animal Agents' Application Form British Council, Colombo 03

Age Group	Office use only
07 – 10 years	Receipt Number
11 – 15 years	Registration Number
Please fill in BLOCK letters First name and surname. Use initials for other names.	
First name:	
Surname:	<u> </u>
(The above name will be printed on your certificate)	
Date of birth D M M Y Y Y Y Age as	s at 01 February 2018: yrs
Please tick: Boy Girl	
Address:	
Contact number: (Home) (Mobile)	
Email address:	
To be filled by parent/guardian:	
Name:	
Email address:	
Mobile number(s):	
I am aware that my child should complete the challenge by 17 March 2018 and will not get a grace period to complete the challenge.	
Signature: Date	e:/02/2018