MEMBERSHIP REGISTRATION FORM

Please complete the information below to register your Supplementary School with the Association of Northamptonshire Supplementary Schools.

The Association supports child protection policies, diversity and equality; working closely with the local authority and all members of the community in enhancing community cohesion.

**Name of Supplementary School:**

School meeting venue:

Time: Day:

Name of Organiser:

Address:

Postcode:

Mobile: Email:

Name of Deputy:

Address:

Postcode:

Mobile: Email:

*Please send your application to address/email below.*