

REGISTRATION FORM

STUDENT PERSONAL AND CONTACT DETAILS

Surname										
First Name(s)										
ID/Passport Number										
Date of Birth	Day		Month		Year					
Gender										
Home Address										
Mobile Number										
Email Address										
Current Grade										

SCHOOL SUBJECTS (Please list all your current school subjects below)

TUTORIAL SUBJECTS (please select by ticking, the subjects you would like to be tutored on)

Accounting	<input type="checkbox"/>	Economics	<input type="checkbox"/>	History	<input type="checkbox"/>	<input type="checkbox"/>
Biology	<input type="checkbox"/>	English	<input type="checkbox"/>	Life Science	<input type="checkbox"/>	<input type="checkbox"/>
Business Studies	<input type="checkbox"/>	Entrepreneurship	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry	<input type="checkbox"/>	Geography	<input type="checkbox"/>	Physical Science	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN CONTACT DETAILS

Full Name and Surname	
Relationship to student	
Home Address	
Email	
Mobile Number	
Work Number	

Student Signature: _____ Date: _____

Parent/Guardian/ Signature: _____ Date: _____

***NB:** The registration is subject to the Enrollment Terms and Conditions