



BRINE LEAS SCHOOL
Evening Classes



STUDENT REGISTRATION FORM FOR NON CERTIFICATED COURSES

Course

PERSONAL DETAILS (These will be held in the strictest confidence)

Surname: First Name:

Title (Delete as appropriate) Mr/Mrs/Miss/Ms/Dr/Other (Please specify

Date of Birth:

Address:.....
.....
.....

Postcode:

Home Telephone No.

Mobile Telephone No.

Daytime Telephone No.

E-mail address

May we use the above details to contact you about further courses **YES/NO**

HEALTH – Are there any aspects of your health which we need to be aware of (e.g. severe asthma, epilepsy, diabetes, impaired mobility, hearing loss, visual impairment, dyslexia, other). Please give details:

.....

SIGNATURE: DATE:

Office Use Only

Receipt Number: Amount Paid: Discounted Amount:

Course Folder / Tutor Evaluation