ENROLMENT FORM



Longden Road, Shrewsbury, SY3 9EE

Tel: 01743 284022/284000 Fax: 01743 284001 email: <u>sc@priory.shropshire.sch.uk</u> http://priory.tpstrust.co.uk

PERSONAL DETAILS			
Surname		Title	
First Name		Date of Birth	
Address		Male	Female
		Tel N° (day)	
		Tel Nº (eve)	
		Mobile	
Postcode		Email	
EMERGENCY CONTACT DETAILS			
Name			
Telephone			
Relationship to you			
COURSE DETAILS (If you wish to enrol on more than 2 courses please attach details on a separate sheet)			
Course Title 1		Course Title 2	
Start Date		Start Date	
Day of Week		Day of Week	
Time		Time	
Fee		Fee	
Course Title 3		Course Title 4	
Start Date		Start Date	
Day of Week		Day of Week	
Time		Time	
Fee		Fee	

Please make cheques payable to THE PRIORY SCHOOL (please place a cross by the appropriate box)

Have you done a course with The Priory School before: Yes \Box

PLEASE CONTINUE OVERLEAF



Yes 🗌 No 🗌

ADDITIONAL SUPPORT (please place a cross by the appropriate box)			
We welcome applications from learners with disabilities and learning difficulties Do you have any physical, medical or learning disabilities (e.g. dyslexia) for which you may need support?			
No 🗌 Yes 🔲 If Yes, please give details below:			
WHERE DID YOU HEAR ABOUT US? (please place a cross by the appropriate box))			
Flyer from: (please write where you obtained the flyer)			
Advertisement: (please write where you saw the advertisement)			
(please while where you saw the advertisement)			
Internet:			
(please write which website you saw the course advertised)			
Recommended by someone:			
Other - (if you have ticked other please explain below)			
INVOICE DETAILS If you would like the College to invoice your employer for the fees please complete the below:			
Name of contact person:			
Name of employer:			
Address:			
Telephone Number:			
DATA PROTECTION STATEMENT (please place a cross by the appropriate box)			
At no time will your personal information be passed to organisations for marketing or sales purposes			
The college may contact me about future courses and events Yes I No I			
STUDENT DECLARATION			
I declare that the information I have given on this form is, to the best of my knowledge, I will notify the college of any change of details.			
Signed Date			