

ENROLMENT FORM



THE PRIORY SCHOOL

Longden Road, Shrewsbury, SY3 9EE Tel: 01743 284022/284000 Fax: 01743 284001 email: sc@tpstrust.co.uk http://priory.tpstrust.co.uk

PERSONAL DETAILS				
Surname		Title		
First Name		Date of Birth		
Address		Male	Female	
		Tel Nº (day)		
		Tel Nº (eve)		
		Mobile		
Postcode		Email		
EMERGENCY CONTACT DETAILS				
Name				
Telephone				
Relationship to you				
COURSE DETAILS				
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

No 🗆

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:			
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			
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			