

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 N° (day)		
	Tel N° (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	

<p>Please make cheques payable to THE PRIORY SCHOOL <i>(please place a cross by the appropriate box)</i></p>	
<p>Have you done a course with The Priory School before: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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)
- 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:

Please note because our courses/workshops are self-funded and we run them on the basis of attendance numbers we are not able to offer refunds if someone cannot attend for their own personal or unforeseen reasons

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 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