

**CHRIST CHURCH FOUNDATION
ADULT/CONTINIUNG EDUCATION PROGRAMME**



APPLICATION FORM

PLEASE COMPLETE USING BLOCK CAPITALS WHERE APPLICABLE

NAME:.....
LAST NAME FIRST NAME MIDDLE INITIALS

ADDRESS:.....
.....

TELEPHONE NO.:.....
HOME WORK CELL

EMAIL ADDRESS:.....

DATE OF BIRTH:/...../.....
DD /MM/YYYY

NATIONAL REGISTRATION NO.

Please indicate the subject you wish to study, the level you have reached and the evening you prefer (where there are two evenings)

	SUBJECT	LEVEL REACHED	EVENING
1.
2.
3.
4.

AGREEMENT:

I agree to pay the non-refundable registration fee of fifty dollars (\$50) and the course fee of \$ for the subject(s) I have selected to study.

.....
Signature of Student

.....
Signature (parent/guardian if under 18 years of age)

NB: EXAMINATION FEES ARE PAID SEPARATELY