

POSTAL ENROLMENT FORM

PLEASE USE BLOCK CAPITALS

Name _____ Mr/Mrs

Tel: (H) _____ (W) _____

1st choice course _____ Code _____

2nd choice course _____ Code _____

Car Reg. No. _____

Credit Card No. _____

Exp. Date _____

N.B. FULL fee must accompany this enrolment

*Unless you are contacted by the school,
you have been accepted in your first choice course.*

Signature _____