



LANGUAGE COLLEGE



Course Enrolment Form 2019/20

Name of Student:

Address.....

.....

.....

Post Code

Title:.....

Date of Birth:.....

Nationality:.....

Telephone Number(s):.....

E-mail Address.....(in capital letters)

School name (if under 18)

Do you have a disability or medical condition that we need to know about?

If yes, please specify:.....

I would like to enrol on the following course(s)

| Name of course | Course code | Day | Time | Fee |
|--|-------------|-----|------|-----|
| | | | | |
| | | | | |
| Total payable to SHSG (postal payment by cheque) | | | | £ |

Postal payments & enrolments to:
 Mrs K Croysdill
 The Language Academy
 Southend High School for Girls
 Southchurch Boulevard
 Southend-on-Sea
 Essex SS2 4UZ

Please note: Enrolment is not secured until payment is received.
 Please submit all payments by Friday 6th September.

I confirm that I have read the terms and conditions on the website.

Signature Date

Name (please print)

