

STUDENT REGISTRATION FORM 2017 - 2018

AAT REGISTRATION No -office use

Please complete all sections of this form in capital letters

AAT Course Level:

1. Surname

2. First name/s

3. Gender Male Female Title Mr Mrs Miss Ms Other

4. Date of Birth

5. Permanent Address

.....

.....Postcode.....

6. Telephone Number Home..... Mobile.....

7. e-mail Address

8. Can we contact you by email & text message? Yes No

9. Emergency Contact (if you are under 18 this must be your parent, guardian or carer)

Name Telephone

Address Relationship

.....

10. What is your religion? (if other please state)

Buddhist Christian Hindu Jew Muslim Sikh Other

11. Please tick the box that applies to you, are you?

Employed Unemployed Student Retired Other:.....

12. What is the highest level of qualifications that you already have?

Year	Type of Exam Awarding Body	Subject/ Qualification	Grade	Tutor/advisor Initial to verify

Learning Agreement

Personal Tutor Name

Start Date.....

Course Name: AAT Level:

End Date

Hours/Week

Please explain in a few words, why you wish to enrol onto this course and what your personal objectives are.

Data Protection Act 1998 – The information that you provide may be shared with the Learning Skills Council (LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England and is registered under the Data Protection Act 1998.

I declare that the information I have given is correct. I agree to abide by centre regulations and to inform the centre of any changes in my address or status. I understand that if I break any of the rules in the Centre Code, Learning Agreement the IT User Policy I may lose access to the internet and computer networks and be subject to the Centre disciplinary procedure. I also understand that if I withhold any information which later found to have been detrimental to me or any other person at the Centre then I may also be subject to centre discipline procedure. I confirm that I have received information and guidance on the course/s I am enrolling on.

Signed (student)..... Date

Staff Use only:

Course Fee:

Payment received: cash cheque deposit amount £

Receipt No.

Course fee

Amount paid

balance to pay

TOTAL

Direct Debit completed & attached yes

IDENTITY EVIDENCE REQUIRED:

Passport Driving Licence Birth Certificate Other

Comments