

ENROLMENT FORM

Name Dr/ Mr/ Mrs/ Miss/ Ms

Address

.....

.....Postal Code

Telephone Number

Work Contact Number Mobile

I would like to enrol on

.....

FAMILY LEARNING

Name of child

Address(if child does not live with you)

.....

.....

Telephone number of child's home

Name of adult with whom child resides

Age of child

Your relationship to child

I enclose a cheque FOR **EACH** OF MY CHOSEN COURSES for
..... made payable to QEGS. I HAVE WRITTEN MY NAME,
ADDRESS, TELEPHONE NUMBER AND COURSE on the back of my cheque. I
know that I come along to QEGS on the first evening because the first class
always runs.

Send to: Adult Education Queen, Elizabeth's Grammar School, West St,
Horncastle, LN9 5AD