



# the.tower

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## ENROLMENT FORM FOR ADULT CLASSES

Title:	Forename:	Surname:
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Course Title	Day	Times (From – To)	Start Date	Fee	Office Use Only: Receipt Number
				£	
				£	

Have you a disability or medical condition that might limit your access to this course?.....

I agree to Kings' School keeping my personal details and processing data in accordance with the Data Protection Act.

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Signature:.....

Date:.....

How did you hear about this Course? Existing Student / Word of Mouth / Library / Internet / Newspaper / Other