

For Office Use Only:

Date: Amount Paid:

Payment Method
Cash/Cheque/Card

Card Payment Ref No:

Receipt No:

Other Information:



LIGHT HALL SCHOOL

Adult Education Enrolment Form

Course Title _____ Course Fee _____

Day/Evening of your chosen class _____ Time _____

Please book me a place on the above course and please find payment enclosed. Please make cheques payable to: Light Hall School.

First Name _____ Last Name _____ Title _____

Address _____

_____ Post Code _____

Tel: _____ Mob _____

Email: _____ DOB _____

Employment status: Full Employment [] Part-time [] Unemployed []

Self Employed [] Retired [] Other []

I do require wheelchair access Yes/No _____

Please indicate how you found out about this course

Website []

Newspaper []

Poster []

Leaflet []

Other _____

What are you hoping to achieve from this course?

Signed _____ Date _____

Please return to the:
Community Development Manager
Light Hall School, Hathaway Rd, Shirley, Solihull, B90 2PZ
Email: office@lighthall.solihull.sch.uk Tel: 0121 744 3835