Please complete this form in BLOCK CAPITALS in black ballpoint pen and tick boxes where required

STUDENT APPLICATION FORM



Please send your completed form, with payment (where applicable), to Student Records, Highlands College, Highlands Lane, St Saviour, JE1 1HL or Fax: 608600

Personal D)etails		Who will be paying the			
Surname:			Cheques payable to "Trea			
			Self Employer	Other		
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•	Date (num of 5 working days before the start of		
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Local Emergency Contact			I am authorised to approve the payment of all fees associated with the course for the student and understand that my company remains liable for payment irrespective of the employee moving to another employer after enrollment.			
	igency contact		Please tick the box below if y	Please tick the box below if you are happy for Highlands College to contact you with information regarding college events and courses.		
				events and courses.		
	onditions / Disabilities		Employer / Sponsor Signatu	ıre:		
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Do you suffer f your studies?	from any medical conditions or disal	bility which might impact on	Print Name: Position Held:			
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Please note when prior to or at er	hen "yes" is ticked further informationrollment.	on may be requested either		Please invoice the company £ or		
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Course(s) f	for enrolment Highlands College	reserves the right to cancel or ar	mend any course.			
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