



TLC Admin

STUDENT'S PERSONAL DATA

REGISTRATION FORM No: _____

1. DR. _____
MR. _____
MRS. _____
MS. _____

SURNAME FIRST MIDDLE OTHER
(Last)

(NB) Please do not use any other names in the course of your studies at THE LANGUAGE CENTER, other than the ones you have put in No. 1 above.

2. SEX: (Tick one) M F

3. Date of Birth: _____ Nationality: _____

5. Home Tel: _____ Mobile: _____

6. Office Tel: _____ Fax: _____

7. E-mail: _____

8. P. O. Box: _____ Postal Code: _____

9. Physical Address: Street/Road _____

Estate _____ House No. _____

10. Place of Work: _____
(For Missionaries – Name of Community)

11. Position or Title: _____

12. Full Names, Address & Signature of the Person Responsible for Payment

- a) Missionaries – Name of Superior
b) Others - Relationship with sponsor

13. Next of kin's name, relationship, telephone and email contacts

14. Native Language: _____

Others: _____

15. Language to Study: _____

16. Term: _____ Year: _____ Class Time: _____

Reserved for Administration

Date: _____

Received by: _____

Level: (after test) _____

Class entered: _____

Comments: _____

17. Type of class: (Tick one) Group Classes
 Semi-Private Classes
 Private Classes
 Exams Prep.
 Children's Classes
 Other (Please specify) _____

18: Reasons for Studying: _____

19. How I learnt about The Language Center: _____

**Privates / Semi-Privates
Only**

Confirmed: _____

Teacher(s): _____

Classes started:

Date: _____



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+ 254 202 641 616
+254 203 870 610/2,
+ 254 203 869 531/2



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