

# STUDENT'S PERSONAL DATA

REGISTRATION FORM No: \_\_\_\_\_

Reserved for Administration

1. NAME (Last, First)\* \_\_\_\_\_

\*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.

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

2. SEX: (Tick one) M  F

Level: (after test) \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

5. Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Class entered: \_\_\_\_\_

6. Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

7. E-mail: \_\_\_\_\_

8. P. O. Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_

9. Physical Address: Street/Road \_\_\_\_\_

Estate \_\_\_\_\_ House No. \_\_\_\_\_

Comments: \_\_\_\_\_

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. Native Language: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

14. Language to Study: \_\_\_\_\_

15. Term: \_\_\_\_\_ Year: \_\_\_\_\_ Class Time: \_\_\_\_\_

**Privates / Semi-Privates Only**

16. Type of class: (Tick one)
- Group Classes
  - Semi-Private Classes
  - Private Classes
  - City & Guilds Examinations
  - Children's Classes
  - Other (Please specify) \_\_\_\_\_

Confirmed: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

17. Reasons for Studying: \_\_\_\_\_

Classes started: \_\_\_\_\_

18. How I learnt about The Language Center: \_\_\_\_\_

Date: \_\_\_\_\_