

## LAURATE BUSINESS COLLEGE

Student Photograph

**Student Registration No:** 

## **HOLIDAY PROGRAM 2024**

## REGISTRATION FORM SPECIAL NEEDS

Section 1	Personal Detai	ls (BLOCK CAPIT	ALS)		
Names as on Birth Certificate					
Title: (Miss/Ms/Mrs./Mr./Dr)					
Sex: (Male or Female)					
Date of Birth					
Place of Birth					
Section 2	Address Detail	ls			
Contact Address					
Postal Box					
Telephone					
Email					
Permanent Home Address					
Region of Origin					
School					
New class					
Section 3	Academics and	l Finance			
Highest Qualification Obtained					
Year of Previous Study at Laurate			•		ī
Programme Type (please tick)		1 Month		2 Months	
		3 Months		Special Needs	
If Special Needs, indicate course type					
Total Fees					
	0.00 12.00	<u> </u>	00 400	T	
Working Shift (please tick)	8.00 - 12.00	1.	00 - 4.00		
	De	eclaration			
I certify that the information give College's Rules and Regulations					ve the
Date:	Signature of Student :				