

## LAURATE BUSINESS COLLEGE

Student Photograph

**Student Registration No:** 

## **HOLIDAY PROGRAM 2024**

## REGISTRATION FORM

Section 1	Personal Deta	ils (BLOCK CAPIT	CALS)			
Names as on Birth Certificate						
Title: (Miss/Ms/Mrs./Mr./Dr)						
Sex: (Male or Female)						
Date of Birth						
Place of Birth						
Section 2	Address Detai	ls				
Contact Address						
Postal Box						
Telephone						
Email						
Permanent Home Address						
Region of Origin						
School						
New class						
Section 3	Academics an	d Finance				
Highest Qualification Obtained						
Year of Previous Study at Laurate						
Programme Type (please tick)		1 Month		2 Months		
		3 Months		Special Needs		
If Special Needs, indicate course type						
Total Fees						
Working Shift (please tick)	8.00 - 12.00	1	.00 - 4.00			
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		eclaration				
I certify that the information giv College's Rules and Regulations					ve th	ıe
Date:	Signature of Student :					
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