

Apply right NOW!

Data Protection: Any information you provide on this form will be treated according to the Data Protection Act 1998, used to process your application and to produce statistics required for governmental use.

Day/Evening Class Application Form

Student Number (For Office Use Only)

Entered

B

R

Course Name

Code

Group

Title

(Dr/Mr/Mrs/Ms/Miss)

Eve/Day of Week

Forename

Time

Surname

Start Date

Address

Course Fee (£)

Postcode

I confirm that I have lived in the EU for the 3 years before the start of the course.

Yes

No

Telephone (Day)

If your employer has to be invoiced please tick (✓) the box and provide their name and address

Telephone (Eve)

Have you previously attended Perth College?

Year

Date of Birth

Course

**For Office Use Only-
Source of Finance**

Self Funding (F14)	Receipt No.	<input type="text"/>	Employer (F)	Invoice Requested	<input type="text"/>
	Receipt Date	<input type="text"/>	Fee Waiver (F)	Fee Waiver Processed	<input type="text"/>
	Method	Cash <input type="checkbox"/> Chq <input type="checkbox"/> Card <input type="checkbox"/>	EPOS No. <input type="text"/>		

Cut along the dotted line.

Call us now on
0845 270 1177 with
your credit card details,
or return this form
(no stamp needed) to
Admissions,
Perth College,
FREEPOST TY333,
PERTH
PH1 2BR enclosing a
cheque payable to
Perth College.