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GUIDE LIGHT PROGRAMME

PLEASE TYPE OR PRINT

Student's Name: _____

Date of Birth:

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 (DD) (MM) (YY) Age: _____ Gender:

--	--

 (Male) (Female)

Student's Email: _____

Cellular Number: _____ Home Tel Number: _____

Current School: _____

Father's Name: _____ (FIRST) _____ (LAST)

Office Tel Number: _____ Cellular Number: _____

Father's Email: _____

Mother's Name: _____ (FIRST) _____ (LAST)

Office Tel Number: _____ Cellular Number: _____

Mother's Email: _____

OFFICIAL USE ONLY

Programme Fees _____

Date Paid

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 (DD) (MM) (YY)

Notes:

