

REGISTRATION FORM – CAMBRIDGE ONLINE CLASSES

PLEASE TYPE OR PRINT

Student's Name: _____
FIRST MIDDLE SURNAME

Date of Birth: _____ Age: _____ Gender: MALE FEMALE
DD / MM / YYYY

Current Address: _____

Telephone: _____ Email Address: _____

SUBJECT SELECTION FOR IGCSE & AS LEVEL CLASSES

Please INDICATE your choices below:

IGCSE Subjects		AS Level Subjects
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Name (Parent Name if student is a minor): _____
PLEASE PRINT NAME

Signature: _____ Date Completed: _____
DD / MM / YYYY