

# Application Form

## High School Extra Classes



Please complete the following

TODAY'S DATE
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<b>NAME OF SCHOOL</b>	
PHYSICAL ADDRESS	
TEL	FAX
CONTACT PERSON	
TEL	EMAIL

<b>GRADE</b>	
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**PLEASE SELECT SUBJECTS THAT YOU WOULD LIKE US TO TEACH TO YOUR PUPILS:**

SUBJECTS	(TICK)	NUMBER OF PUPILS	HIGHEST	LOWEST
MATHEMATICS				
PHYSICS				
CHEMISTRY				
BIOLOGY				
BUSINESS ECONOMICS				
ACCOUNTING				
FRENCH				
ENGLISH				

<b>SPECIFY PREFERRED DAYS FOR TEACHING</b>	
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**PLEASE PROVIDE US WITH ADDITIONAL SCHOOL' COMMENTS IF NECESSARY**

I, ..... HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TO MY KNOWLEDGE CORRECT.

SIGNED ..... DATE .....