

Keynote EDUCATIONAL Easter revision. Application form

Student's Details:

Surname: _____ First Name: _____ male female

Address: _____

Postcode: _____ Date of birth: _____

Home tel: _____ Mobile: _____

Current School: _____ Email: _____

Parent's details:

Surname: _____ First name: _____

Home tel: _____ Mobile / emergency contact number: _____

Email: _____

Tick here if you have younger children and would like to receive updates about future revision events:

Subject Details:

GCSE

AS

A2

Venue: London / Manchester

Dates: _____

Subject choice: _____

To gain full benefit from the programme, it is recommended that you spend your three days on one subject. However please state if you would prefer to include a second subject or if you have reserve subjects.

Additional Subjects requested: _____

Reserve Subjects: _____

Medical Information:

Do you have any medical conditions, special needs, allergies or dietary requirements? If yes, please state:

Will you be taking any prescribed medication, if so, please state:

Payment details:

Cost: Three days of revision costs **£375 including VAT**. This includes lunch and refreshments on each day.

A **£75 deposit** will secure you a place with the balance payable in three instalments to be made by 1st March 2010.

I enclose a cheque made payable to **Keynote educational ltd** for: _____

Bookings:

T: 01625 532974. F: 01625 532524. E: kevin@keynote.org.uk or return this form to:

PO Box 130. Wilmslow. SK9 1WD

www.keynote.org.uk