

**LIGHT HALL SCHOOL  
MATHS & COMPUTING COLLEGE**

**Adult Education Enrolment Form**

Course Title \_\_\_\_\_ Course Fee \_\_\_\_\_

Day/Evening of your chosen class \_\_\_\_\_ Time \_\_\_\_\_

Please book me a place on the above course. A cheque is enclosed to cover the cost of the course made payable to 'SMBC'.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel: \_\_\_\_\_ Mob \_\_\_\_\_

Email: \_\_\_\_\_ DOB \_\_\_\_\_

Employment status: Full Employment [  ] Part-time [  ] Unemployed [  ]  
Self Employed [  ] Retired [  ] Other [  ]

I do require wheelchair access Yes/No \_\_\_\_\_

Please indicate how you found out about this course

Website [  ]  
Newspaper [  ]  
Poster [  ]

Other \_\_\_\_\_

What are you hoping to achieve from this course?

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return to:  
Mrs Watson  
Specialist College Manager  
Light Hall School, Hathaway Rd, Shirley, Solihull, B90 2PZ  
Email: [s207swatson@lighthall.solihull.sch.uk](mailto:s207swatson@lighthall.solihull.sch.uk) Tel: 0121 744 3835