**{{name}}**

Date Created:{{dateNow}}

DOB:{{dob}}

{{tableStart}}

|  |  |
| --- | --- |
| Medication(s) | QR Code |
| j{{medicationName}} | {{qrCode}} |

{{tableEnd}}

|  |  |
| --- | --- |
| Last school attended details: |  |

I would like to register the following courses

|  |  |
| --- | --- |
| Course name | |
| **1.**  **2.** | **3.**  **4.** |

How did you hear about us?

☒ Newspaper ☐ Website ☐ Friend ☐ Other

I agree to pay school fees in advance by:

☐ Cash ☐ Card ☐ Check

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Signature |  | Date |  |

|  |  |
| --- | --- |
| Student Signature |  |