

APPLICATION FORM 2020-21

Title:	(Select from Below)
First Name :	
Last Name :	
Email Address :	
Date of Birth:	
Country of Birth:	
Nationality:	
Country of Permanent Reside	ence:
Address line 1:	
Town/City:	
Postcode:	
Telephone Number:	
Mobile Number :	
Course of Interest:	(Select from Below)
Subject(s) of Interest:	
Optional	
Degree course at Unive	ersity:
How did you hear abou	ut New Horizons :
	Policy
	Terms
Please attach this in an email to	info@newhorizons.school to complete your
application, we look	forward to welcoming you soon!