



GEOS Language Centre

30 Bideford Road, THONG SIA Buildi#05-00
 Singapore 229922
 Tel: (65) 6734 6833/ 6734 7556
 Fax: (65) 6738 6819
 Website: www.geosing.com.sg

Registration Form

No.:

New Applicant Renewal Transfer Date ____ / ____ / ____

PERSONAL DETAILS

Family Name	Date of Birth	/	/	/
Given Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Nationality	Type of VISA: EP / SP / DP / SVP / Others	Passport No.		
Address in Singapore	Tel	Email		
Company / School Name				
Address	Tel			
Emergency Contact				
Name	Tel			

COURSE DETAILS

Courses	Type	No. of Lessons	Weeks	Tuition	Term	Teacher/Class
<input type="checkbox"/> Intensive (EL / CL / JL)					/ / ~ / /	
<input type="checkbox"/> Part-time (EL / CL / JL)					/ / ~ / /	
<input type="checkbox"/> Private (EL / CL / JL)					/ / ~ / /	
<input type="checkbox"/> KIDS Class (EL / CL / JL)					/ / ~ / /	
<input type="checkbox"/> Others					/ / ~ / /	

PAYMENT

Registration Fee	S\$
Tuition Fee	S\$
Textbook	S\$
Others	S\$
GST	S\$
Total	S\$

Payment Details	
1. Payment Date: / /	Amt \$: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Others	
2. Payment Date / /	Amt \$: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Others	
Make up lesson entitled: <input type="checkbox"/> No <input type="checkbox"/> Yes : _____	

Information contained here is for school and registration purposes only

I understand and accept the terms and conditions of registration

Signature _____ Date ____ / ____ / ____
 Day Month Year

MEMO