



# GEOS Language Centre (Singapore)

178 Clemenceau Avenue Haw Par Glass Tower  
#01-00. Singapore 239926  
Tel: (+65) 6734 7556 / 6734 6833  
Fax: (+65) 6738 6819

## 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				
Address	Tel			
Emergency Contact				
Name	Tel			

### COURSE DETAILS

Courses	Type	No. of Lessons	Weeks	Tuition	Term	Teacher/Class
<input type="checkbox"/> Functional English					/ / ~ / /	
<input type="checkbox"/> Practical English					/ / ~ / /	
<input type="checkbox"/> Communicative English					/ / ~ / /	
<input type="checkbox"/> General English					/ / ~ / /	
<input type="checkbox"/> Sprint / My Time					/ / ~ / /	
<input type="checkbox"/> Private (EL / CL / JL)					/ / ~ / /	
<input type="checkbox"/> English for Kids					/ / ~ / /	
<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
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