

Enrolment Form

Once complete, return this form at ENROLMENT.
Cheques made to Farnborough Sixth Form College.

Personal details (Please complete all questions clearly in CAPITALS)

First name:	College ID Number						
Last name:				Tutor Group	(A-Z)		
Preferred Email				Date of Birtl	h		
I wish to enrol for the SILVER DofE Programme				I wish to enrol for the GOLD DofE programme (If you're new toDofE, you MUST do Silver)			
I'm brand new to DofE or			l've alread	l've already done Bronze 🗌			
I've already dor	and/or	and/or Silver 🗌					
and my eDofE n	And my e	And my eDofE number(s) is /are:					
I have no prefer	ts 🗌						
Or I much prefer Co							
And / or I've included a copy of my Certificates							
Parental Consent - To the Finance Office at The Sixth Form College, Farnborough							
I wish for my son/daughter to participate in the DofE Programme indicated above. I have read and understood the notes on www.farnborough.ac.uk/DofE and have carefully noted the dates for the Expeditions. I've attached payments, and note that this is not refundable once the ballot has taken place.							
Student name (please print)							
Parent/Guardian signature							
Student Application							
I wish to participate in the DofE programme above. I've noted the dates for Expeditions carefully, and have read the notes, including the 'DofE Deal' on the College website. Please enter my name into the ballot.							
Student Signature Date							
Office Use Only							
Rec' at Finance	Added to 0	· · · · · · · · · · · · · · · · · · ·	eDofE Create			e Pack Issued	
Date:			Num		Date:		