



REGISTRATION FORM

Please complete all sections of the form and return same to our office. Registration must be completed before accepting the student into the class. Note that spaces are limited.

Student's Data	
Student's Name _____	Attach Student's Passport Photograph here
Date of Birth _____ Age _____ Sex _____	
Home Address _____ _____	
Student's Phone Number(s) _____	
Student's Email Address _____	
Name & Address of School _____ _____	
Class _____ (E.g JS3, SS1, Primary 5, Secondary School Graduate etc)	

Parent/Guardian/Teacher's Data	
(Complete this section if your child or ward is below 17 years of age)	
Parent/Guardian/Teacher's Name _____	
Phone Number(s) _____	Relationship _____
Email _____	
Office/Home/School Address _____ _____	
Parent/Guardian's Signature _____	Date _____
I hereby authorize my child/ward to attend this programme	

Course Applied for _____
Ability to use computer (Please tick) <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert

Student's signature _____ Date _____

Free Computer Programming training for Young People hosted by Center4Tech as part of Africa Code Week 2015

Supported by

Center4Tech is a Technology Advancement, Training & Entrepreneurship Initiative of Miu Research Limited.

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