

INTERNATIONAL SCHOOL OF LONDON

Application Form C

This form needs to be completed **ONLY IF** your employer is responsible for paying the part or all of the fees. Your employer will need to sign the form.

STUDENT NAME _____

EMPLOYEE NAME _____

Name of Employer _____

Contact Name _____

Address _____

Telephone _____ Fax _____

I understand that the terms and conditions concerning fee payment and notice of withdrawal are on page 7 of the admissions booklet. My signature of this application form confirms that I have read and agree to these.

SIGNATURE OF EMPLOYER

POSITION IN COMPANY

DATE



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Educating citizens of one world

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