RENAISSANCE
TRAINING SERVICES

ACCREDITATION NUMBER: ETDP10744

REGISTRATION FORM

Student Personal Information

Full Name: _____

Date of Birth: ___ / ___ / _____

Gender: ☐ Male ☐ Female ☐ Other

Email Address: _____

Phone Number: _____

Address Details

Street Address: _____

City: _____

Educational Background

Highest Level of Education: _____

Course Selection

Desired Course: _____

Person responsible for Payment

Name: _____

Identity Number: _____

Relationship to Student: _____

Phone Number: _____

Agreement

☐ I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature: _____

Date: ___ / ___ / _____