

Skerries Community College

Enrolment for Adult Education Classes

Term: _____

Course Title: _____

Fee enclosed: _____

Name: _____

Address: _____

Phone No: _____

Mobile No: _____

Postal applications can be sent to:

The Adult Education Officer
Skerries Community College,
Balbriggan St.,
Skerries, Co. Dublin

I accept the conditions of enrolment as outlined in the brochure

Signed: _____

In the event of your course not being formed, please state an alternative course of your preference:

2nd Choice: _____