

LEWISHAM SOUTHWARK COLLEGE

School Statement of Interest

Please complete this form in CAPITAL LETTERS using black or blue ink

School/Local Authority Details	
Organisation /School Name	
Address:	Post Code
Name of organisation Main Contact:	
Position:	
Telephone Number:	
Email Address:	
Signature:	Date:

14-16 Programme Details				
Name of Student	Date of Birth	Course Title:	Number of Days	Year Group

PLEASE RETURN THIS FORM TO:

School Partnerships Team
Lewisham Southwark College
Lewisham Way
London SE4 1UT

schoolpartnerships@LSCollege.ac.uk
020 3757 3353

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