CITIZENCARD

Student Application Form

Please complete this form in CAPITAL LETTERS. Do not staple anything to this form.

Title: Forenames:

Mr / Miss / Mrs / Mx

Surname:

Address line 1:

Address line 2:

City or Town

Postcode: Home Tel. No. inc code:

Date of Birth: D D M M Y Y Y Y Mobile No:

Age: Male: Female: Other:

Email:

Repeat Email:

Student ID No. OR Tutor Group:

School:

I consent to receiving communication from CitizenCard eg. regarding replacement cards, market research and card offers

☐ by email ☐ by SMS ☐ by post

Student signature:

PARENTAL/GUARDIAN CONSENT - must be completed if applicant is in Years 7-11

I confirm the applicant lives at the same address as myself and I consent to this application for a CitizenCard.

Full Name

Signed Mother / Father / Guardian

AUTHORISED VERIFIER DECLARATION - only complete if you are registered with CitizenCard

School/University staff member must complete this section.

Forenames:

Surname:

☐ I certify that the applicant's full name, their date of birth, their age, their gender and their address as declared above on this application form match the official records held at this school/university.

☐ I certify that the applicant is the person pertaining to our records.

☐ I understand that providing false information is a criminal offence (Fraud Act 2006).

Authorised Verifier signature: **Date:** D D M M Y Y

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