

Name: No..... CH. 2/.....

Unit 6 Filling Out Form

Choose the types in the box and fill in with the picture.

1. School-related forms

2. Everyday forms

3. Work-related forms

4. Travel related forms

5. Leisure related forms

1.

Students Leave Letter Format

From _____ Date: _____
Student Name: _____
Grade & Section: _____
Name of the Parent: _____
Address: _____

To
The Principal
Athena Global School
Changanuram-608602

Sir
My son will not attend the school as (date) _____ due to (reason) _____
I request to you grant leave for the above day(s).
Yours faithfully

Signature of the parent

Note: If leave is taken for more than 4 days medical certificate to be submitted from a physician.

2.

Hotel Reservation Booking		
Form No. _____		
Applicant's Information		
Name: _____		
Address: _____		
Telephone No.	Email Address	Postal Zip Code
_____	_____	_____
Hotel Reservation Information		
Date of checking in	Date of checking out	
_____	_____	
Total Number of People		
Adults	Children	
_____	_____	
Specify Room Type		

N.B: Please note that single rooms are applicable for two persons and double rooms can be shared by four. The rate can be booked for five people. Additional room charge will be made for sharing beyond limit, per person.		

3.

Basic Employment Information Sheet

Employee Information

Full Name: _____
Address: _____
Home Phone: () _____ Cell Phone: () _____
Email Address: _____
Social Security Number or Government ID: _____
Birth Date: _____ Marital Status: _____
Signature of Employer: _____ Signature's Work Phone: () _____
Job Information
Title: _____ Supervisor: _____
Work Location: _____ E-mail Address: _____
Main Phone: () _____ Cell Phone: () _____
Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Address: _____
Primary Phone: () _____ Cell Phone: () _____
Relationship: _____

Dependent Information (For insurance purposes only)

Name(s) of Dependents: _____ Relationship to Employee: _____

* A number of jurisdictions now allow domestic partners to register and they are then entitled to many of the benefits of spouses. If your jurisdiction permits such domestic partnerships, you may modify the form to read "Spouse/Domestic Partner". Given the proliferation of domestic partnerships, your company should carefully evaluate its policy with regard to such couples, both opposite-sex and same-sex.

4.

CLT Communications LLC 316 3 rd Ave, P.O. Box 43, Clear Lake, WI 54005 365-2755	
DIGITAL CATV Service Application Form	
Date of Application _____	Home Telephone # _____
Name of Applicant _____	Cell Phone # _____
Daytime Tel # _____	Appt # _____
Address _____	
P.O. Box _____	
Owner of Dwelling: Yes _____ No _____	
If Renting, Owner Name and Tel # _____	
Due Date for Service Installation _____	
Do you have a High Definition TV? Yes _____ No _____	
Please Check Your Service Choices (fees quoted are monthly charges listed in advance)	
\$ 64.95	Basic Digital Service
\$ 12.95	Digital Movie Packages
\$ 12.95	6 HD Channels
\$ 16.95	4 Cinema Channels
\$ 18.95	18 Showtime Channels
\$ 20.95	13 Showtime Channels
\$ 13.95	22 High Definition Channels
\$ 6.95	Additional HD Digital Gateway Box
\$ 7.95	Upgrade of HD Digital Gateway to Digital Video Recorder (DVR)
\$ 14.95	Additional HD Digital Gateway with Digital Video Recorder (DVR)

	La Salle Swimming Pool Membership Application Form	Application No.:
Male Applicant (Membership No. _____) Office use		
Name _____		Sex _____
Date of Birth _____		LD. Card No. _____
Phone No. _____ Home _____		Mobile _____
Address _____		E-mail _____
Emergency Contact: Name _____ Phone No. _____		
Membership _____		Individual / Family ☐ Jan - Dec ☐
Others Please specify _____		Jan - Apr ☐ Jun - Aug ☐
Office Use: Membership fee _____		Receipt No. _____
Cash / Credit: Bank _____		Deposit No. _____
First Family Applicant (Membership No. _____) Office use		
Name _____ (M / F)		Phone No. _____ Mobile _____
Date of Birth _____		LD. Card No. _____
Relation with Male Applicant _____		
Second Family Applicant (Membership No. _____) Office use		
Name _____ (M / F)		Phone No. _____ Mobile _____
Date of Birth _____		LD. Card No. _____
Relation with Male Applicant _____		
Third Family Applicant (Membership No. _____) Office use		
Name _____ (M / F)		Phone No. _____ Mobile _____
Date of Birth _____		LD. Card No. _____
Relation with Male Applicant _____		
I hereby agree (or recall) used my family members listed in this Application Form if applicable as membership of La Salle Swimming Pool (the "Pool"), and agree that the activation shall be subject to acceptance by La Salle College Sports Club. I further agree and undertake to, and shall provide my family members to join, with respect and comply with the following rules for membership of the Pool and any other terms and regulations as the Manager may impose in connection of the Pool at all in all the terms and regulations for the use of the Pool facilities and pools.		
Signature of Male Applicant _____ Date _____		
Remarks: (or prepare one piece of any application should be submitted with this Application Form) (or prepare the checking certificate to be filled in from people to La Salle College Sports Club Limited)		

Commonwealth Bank Commonwealth Bank of Australia			Deposit		
Date	Account/Identification Number	Agent Number (if applicable)	Number of Cheques	Teller title	
				Date	
Account ID Number				\$100	Notes
				\$50	
				\$20	Coins
				\$10	
				\$5	Credit Cards
				\$	Cheques
Account Name			Teller		
 			\$		


ECCV FORM

ECCV Innovation Centre for High School Students

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Your information is kept:

_____ Name

_____ (Address) or (Phone) or (E-mail)

_____ E-mail Address

_____ Telephone # (Home)

_____ Name of School

_____ Address of School

_____ Telephone #

_____ From

☐ Group Entry

☐ Individual Entry

_____ Name of Participating School

All entries must be submitted to the
 ECCV Headquarters, PO Box 60, Rosemead, St Albans or to the ECCV Young Office in your
 country by 30 November

Innovation Centre for High School Students

Placing Paws For Rescue

www.pprp.org

 

Dog Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)? _____

How many children (age)? _____

What type of home do you live in (single family, town home, apartment, farm, etc.) _____

Please describe your household: _____ Adult _____ Male _____ Quid _____ Average _____

If you can, please give the names of people and the landlord's name and number: _____

(By providing this information you are allowing PPRP to contact your landlord (phone information on the call) so they will speak with us)

Does anyone in the family have a known allergy to dog? _____

Are everyone in agreement with the decision to adopt a dog? _____

(Do you have time to provide adequate love and attention?)

APPLICATION FOR SCHENGEN VISA This application form is free				Some of activities requiring visa
1. Surname (to be fully written)				For official use only
2. Surname(s) & full (first family name(s))				Date of issuance
3. First name(s)				Passport number
4. Date of birth (year/month/day)				1. Number of the document (passport)
5. Place and validity of birth				2. Date of expiry
6. Current residence (place)				3. Original nationality (nationality of birth)
7. Sex Male Female				4. Marital status Single Married Separated Widowed Other
8. Father's name				5. Mother's name
9. Type of travel documents Special passport Ordinary passport Service passport Travel documents (other than passport) Other time document (business passport)				10. Issuance Date of issue Valid until
11. Number of passport				12. Date of issue
13. Date of issue				14. Valid until
15. My/My spouse is entering after four years expiry of date, do you have permission to obtain a first entry?				16. Current occupation
17. Current occupation				18. Employer and employer's address and phone number. For students, name and address of school
19. Destination country				20. Date of departure
21. Number of visits requested 22. Number of visits requested 23. Number of visits requested				24. Visa Individual Collective Other Single entry Multiple entry Other
25. Number of visits requested 26. Number of visits requested 27. Number of visits requested				28. Number of visits requested 29. Number of visits requested 30. Number of visits requested
31. Number of visits requested 32. Number of visits requested 33. Number of visits requested				34. Number of visits requested 35. Number of visits requested 36. Number of visits requested
37. Number of visits requested 38. Number of visits requested 39. Number of visits requested				40. Number of visits requested 41. Number of visits requested 42. Number of visits requested
43. Number of visits requested 44. Number of visits requested 45. Number of visits requested				46. Number of visits requested 47. Number of visits requested 48. Number of visits requested
49. Number of visits requested 50. Number of visits requested 51. Number of visits requested				52. Number of visits requested 53. Number of visits requested 54. Number of visits requested
55. Number of visits requested 56. Number of visits requested 57. Number of visits requested				58. Number of visits requested 59. Number of visits requested 60. Number of visits requested
61. Number of visits requested 62. Number of visits requested 63. Number of visits requested				64. Number of visits requested 65. Number of visits requested 66. Number of visits requested
67. Number of visits requested 68. Number of visits requested 69. Number of visits requested				70. Number of visits requested 71. Number of visits requested 72. Number of visits requested
73. Number of visits requested 74. Number of visits requested 75. Number of visits requested				76. Number of visits requested 77. Number of visits requested 78. Number of visits requested
79. Number of visits requested 80. Number of visits requested 81. Number of visits requested				82. Number of visits requested 83. Number of visits requested 84. Number of visits requested
85. Number of visits requested 86. Number of visits requested 87. Number of visits requested				88. Number of visits requested 89. Number of visits requested 90. Number of visits requested
91. Number of visits requested 92. Number of visits requested 93. Number of visits requested				94. Number of visits requested 95. Number of visits requested 96. Number of visits requested
97. Number of visits requested 98. Number of visits requested 99. Number of visits requested				100. Number of visits requested 101. Number of visits requested 102. Number of visits requested
103. Number of visits requested 104. Number of visits requested 105. Number of visits requested				106. Number of visits requested 107. Number of visits requested 108. Number of visits requested
109. Number of visits requested 110. Number of visits requested 111. Number of visits requested				112. Number of visits requested 113. Number of visits requested 114. Number of visits requested
115. Number of visits requested 116. Number of visits requested 117. Number of visits requested				118. Number of visits requested 119. Number of visits requested 120. Number of visits requested
121. Number of visits requested 122. Number of visits requested 123. Number of visits requested				124. Number of visits requested 125. Number of visits requested 126. Number of visits requested
127. Number of visits requested 128. Number of visits requested 129. Number of visits requested				130. Number of visits requested 131. Number of visits requested 132. Number of visits requested
133. Number of visits requested 134. Number of visits requested 135. Number of visits requested				136. Number of visits requested 137. Number of visits requested 138. Number of visits requested
139. Number of visits requested 140. Number of visits requested 141. Number of visits requested				142. Number of visits requested 143. Number of visits requested 144. Number of visits requested
145. Number of visits requested 146. Number of visits requested 147. Number of visits requested				148. Number of visits requested 149. Number of visits requested 150. Number of visits requested
151. Number of visits requested 152. Number of visits requested 153. Number of visits requested				154. Number of visits requested 155. Number of visits requested 156. Number of visits requested
157. Number of visits requested 158. Number of visits requested 159. Number of visits requested				160. Number of visits requested 161. Number of visits requested 162. Number of visits requested
163. Number of visits requested 164. Number of visits requested 165. Number of visits requested				166. Number of visits requested 167. Number of visits requested 168. Number of visits requested
169. Number of visits requested 170. Number of visits requested 171. Number of visits requested				172. Number of visits requested 173. Number of visits requested 174. Number of visits requested
175. Number of visits requested 176. Number of visits requested 177. Number of visits requested				178. Number of visits requested 179. Number of visits requested 180. Number of visits requested
181. Number of visits requested 182. Number of visits requested 183. Number of visits requested				184. Number of visits requested 185. Number of visits requested 186. Number of visits requested
187. Number of visits requested 188. Number of visits requested 189. Number of visits requested				190. Number of visits requested 191. Number of visits requested 192. Number of visits requested
193. Number of visits requested 194. Number of visits requested 195. Number of visits requested				196. Number of visits requested 197. Number of visits requested 198. Number of visits requested
199. Number of visits requested 200. Number of visits requested 201. Number of visits requested				202. Number of visits requested 203. Number of visits requested 204. Number of visits requested
205. Number of visits requested 206. Number of visits requested 207. Number of visits requested				208. Number of visits requested 209. Number of visits requested 210. Number of visits requested
211. Number of visits requested 212. Number of visits requested 213. Number of visits requested				214. Number of visits requested 215. Number of visits requested 216. Number of visits requested
217. Number of visits requested 218. Number of visits requested 219. Number of visits requested				220. Number of visits requested 221. Number of visits requested 222. Number of visits requested
223. Number of visits requested 224. Number of visits requested 225. Number of visits requested				226. Number of visits requested 227. Number of visits requested 228. Number of visits requested





Application For Employment

Personal Information

Date of Application: _____

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone #: _____

Alternate Telephone #: _____ E-mail: _____

Have you worked at Wal-Mart/SAMS CLUB before: ☐ No ☐ Yes If yes, which store: _____ If yes, note dates: _____

Position

Position applying for: _____ ☐ Seasonal/Temporary _____

Are you interested in: ☐ Full Time (Min. of 28 hrs per week) ☐ Peak Time (Less than 28 hrs per week)

How did you learn about this opportunity? _____

Availability

Date available to start (dd/mm/yyyy): _____

Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From _____ To _____							
Overnight yes/no							