LIFETIME INTERNATIONAL TRAINING COLLEGE



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Student ID Card Application Form

Student Details	
Given Name(s):	Family Name:
Gender: Male Female	Student ID No: LT-B
Date of Birth:	Nationality:
Course Details	
Current Course:	
Start Date:	End Date:
Contact Details	
Phone Number (Home):	(Mobile):
Conditions	
	lable to students of Lifetime International Training College
(LITC). The applicant must be enrolled with LITC to	o be eligible for the Student ID. Applicants must read the
following information and agree to the conditions by	y signing at the end of this form.
·	entification purposes and can be used for public transport
concession.	uning data shager on the Student ID
Valid Date: The Student ID is valid to the experience of the student ID is valid to the experience of the student ID is a standard to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the experience of the student ID is valid to the student ID is	
	ost, stolen or become unusable, a replacement card may be
ID.	n. LITC reserves the right to refuse re-issuing of the Student
 Costs: An administrative fee of \$15 will be 	charged for a replacement Student ID
	y fraudulent actions that may occur from the use of the ID.
Declaration	y fraudulent actions that may occur from the use of the ib.
	uld like to request for a LITC ID Card. I acknowledge that I
have read and understand the conditions for the Stu	udent ID and that information provided on this form is
correct.	
Signature:	Date:
Office Use Only	
Received By:	Date: