

J & B Education Limited Flat 2 32 North Street **Tunbridge Wells, Kent TN2 4SS** 

## Please complete in BLOCK CAPITALS and email the signed copy to info@jb-education.co.uk

Full name of tead	cher:				
Name and addre	ss of school:				
Week ending:					
	0.04	P.M.	Full Day	Late Arrival Time	
Monday	A.M.	F.IVI.	Full Day	Late Affival Time	
Tuesday					
Wednesday					
Thursday					
Friday					
late payment.	* * * * * *	* * * * * * * *	* * * * * * * * *	ure to do so will result in	
<b>Terms of Busine</b>	ess. I further c	ertify that I am a		* * * * * * * * * * * * * * * * * * *	
An invoice will be	e raised from the	e information con	tained on this sheet	t.	
A copy of our Tel www.jb-education		is available upon	request or to down	load from our website	
Signature		Print Name:			
Position:		Date:			
School Tel No:					