**St John’s College**

Document return checklist for Undergraduate Students

**Please return to: *Undergraduate Freshers’ Mailing, College Office, St John’s College, Oxford, OX1 3JP, United Kingdom* by Monday 4th September 2017**

Name: (Please print)

Course:
Email:

**I enclose the following:**

 Yes No

1. A completed University of Oxford Card Form (with [ ]  [ ]

Signed photo attached)

1. A completed St John’s College Student Contract [ ]  [ ]  [ ]  [ ]

1. Two additional passport photos (with name on reverse) [ ]  [ ]
2. A completed Emergency Contact Details Form [ ]  [ ]

**Medical Registration (Select one option):**

[ ]  I confirm that I have registered online with the College Doctor (the 19 Beaumont Street

Medical Practice).

*OR*

[ ]  I have decided to register with the following medical practice in Oxford:

Name of Practice:

Address:

Name of GP: