

STUDENT REGISTRATION FORM

* A \$250.00 registration fee must accompany this application

On receipt of the registration form and fee you will be contacted and advised on availability.

Child Details:

Name: _____

Date of Birth: (Year/Month/Day) ____/____/____

Please circle: Male / Female

Preferred Commencement Date: (Year/Month/Day) ____/____/____

Parent/Guardian Details:

Name:	Name:
Home Address:	Home Address:
Home Telephone No:	Home Telephone No:
Place of Employment	Place of Employment
Work Telephone No:	Work Telephone No:
Email address:	Email address:
Parent / Guardian Signature:	Parent / Guardian Signature:

Comments / Special Requirements:

REGISTRATION FEE: CASH CREDIT/DEBIT

Name as Printed on Card _____ Expiration Date ____/____

Credit Card Numbers (16 digits) _____ - _____ - _____ - _____ (Visa/ MasterCard accepted)

Signature _____

FOR OFFICE USE ONLY

REGISTRATION FEE: RECEIVED DATE: _____

CHILD ACCEPTED: START DATE: _____ WITHDRAW DATE: _____