

Enrolment Form

(Please print all details in **BLOCK LETTERS**)

How to enrol: (Fill in this enrolment form and return as instructed below.)

1. **By Email** – Complete enrolment form and payment details, email to enquiry@north-shore.com.au
2. **In Person** – At any one of our campuses
3. **By Phone** – Please call 9415 1860 | 9415 1977

Family Name: _____ **Given Name:** _____ **School Year:** ____ **Sex:** ____

Email: _____ **Home Phone Number:** _____

Parent's Name: _____ **Parent's Mobile:** _____

Address: _____ **Suburb:** _____ **Postcode:** _____

School Name: _____ **Date of Birth:** _____

- Campus:**
- | | | | | | |
|-----------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chatswood | <input type="checkbox"/> Ashfield | <input type="checkbox"/> Bankstown | <input type="checkbox"/> Beverly Hills | <input type="checkbox"/> Bella Vista | <input type="checkbox"/> Blacktown |
| <input type="checkbox"/> Burwood | <input type="checkbox"/> Cabramatta | <input type="checkbox"/> Campbelltown | <input type="checkbox"/> Campsie | <input type="checkbox"/> Carlingford | <input type="checkbox"/> Castle Hill |
| <input type="checkbox"/> Eastwood | <input type="checkbox"/> Epping | <input type="checkbox"/> Hornsby | <input type="checkbox"/> Hurstville | <input type="checkbox"/> Kogarah | <input type="checkbox"/> Lidcombe |
| <input type="checkbox"/> Parramatta | <input type="checkbox"/> Randwick | <input type="checkbox"/> Rosebery | <input type="checkbox"/> St. Ives | <input type="checkbox"/> Surry Hills | <input type="checkbox"/> The Ponds |
| <input type="checkbox"/> Wentworthville | | | | | |

Course Name	Holiday / Term	Day	Time	Fee

Complete for Credit Card Payments by Email only.

Payment Terms and Conditions:

1. Payment should be paid in full for the whole term or number of lessons remaining for the term.
2. Handling fee equivalent to the cost of 1 lesson will be charged for early termination or cancellation.
3. No refund for absence.
4. No refund for multiple-term enrolment under all circumstances.
5. All seats are reserved only upon payment.

Credit Card Number: _____ **Expiry Date:** ____/____/____ **Card Verification Code (CVC):** _____

Card Holder Name: _____ **Amount: \$** _____ **Signature:** _____

Emergency Health Information

Dear parents,

We welcome information from parents about your child's health. Information about allergies, medical conditions such as asthma and diabetes and other health care related issues should be provided to the school by parents.

Food allergies are the most common trigger for anaphylaxis. If your child's medical condition is of a SEVERE or moderate nature **PLEASE PROVIDE US WITH A PHOTO** and **A COPY OF THEIR ASCIA ACTION PLAN** to familiarise our teaching staff with your child. The ability to recognise your child may prove critical in an emergency.

<p>My child has an allergy to:</p> <p> <input type="checkbox"/> Peanuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Fish <input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Tree nuts <input type="checkbox"/> Others Please Specify: _____ </p>

Other medical conditions: _____
 In the event that a doctor / ambulance is to be called (by a NSCC campus director or staff) I agree that I will be responsible for all costs associated with the patient's treatment and transport.

Parent or carer signature: _____ **Date:** ____/____/____