

Enrolment Form
(PLEASE PRINT ALL DETAILS IN **BLOCK LETTERS**)

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

Phone: (Home): _____ Mobile No. : _____ Date of Birth: _____

Parent's Name: _____ Parent's Mobile No. _____

Address: _____ Suburb: _____ Postcode: _____

Current School Name: _____ E-Mail Address: _____

Centre: Chatswood Ashfield Bankstown Beverly Hills Blacktown Burwood
 Cabramatta Campbelltown Carlingford Castle Hill Eastwood Epping
 Hornsby Hurstville Kogarah Lidcombe Parramatta Petersham
 Randwick Rosebery Surry Hills The Ponds Wentworthville

Where did you hear about us?

Recommended by Friend Advertisement – Cinema Advertisement - Newspaper

Passed By Advertisement – Radio Yellow Pages

Other: _____

Payment Method: CASH / CHEQUE / CREDIT CARD (Visa / Master)

Course	Holiday/Term	Day	Time	Fee(GST Inc)

Office Use Only: **Test Mark:** _____ **School Bag: Yes /No** **Folder: Yes / No**

Payment Date: _____ Amount : _____ Received By: _____ Receipt # _____

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

1. By mail : Post the completed form with the full fee (by cheque)
 Payable to "**North Shore Coaching College**"
 P.O. Box 22, Chatswood 2067

2. In Person: Come to our Head Office
 North Shore House, 65 Archer St, Ground Floor, Chatswood.
 (Tue – Thur: 10:00am – 6:30pm, Fri: 10:00am – 7:30pm, Sat – Sun: 8:30am – 6:00pm)
 or to any of our Branch Schools around Sydney.

3. Enrolment: Please call: 9415-1860 or 9415-1977 or Fax: 9411-3263 or email: enquiry@north-shore.com.au

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 No. : _____ Expiry Date: _____ Card Verify Code: _____

Amount: _____ Card Holder Name : _____ 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 nature we would appreciate a PHOTO to familiarise our teaching staff with your child. The ability to recognise your child may prove critical in an emergency.

To help us update our records, please spend a few minutes to complete the form below and return to our Chatswood office or to your branch manager.

CENTRE: _____ YEAR: _____

STUDENT NAME: _____

TEL: _____ ALTERNATIVE CONTACT: _____

ADDRESS: _____

My child has an allergy to:

<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: _____		

Other medical conditions: _____

In the event that an doctor /ambulance is to be called (at the discretion of a NSCC manager)
I agree that I will be responsible for all costs associated with the patient's treatment and transport.

Parent or Carer Signature: _____ Date: _____

65 Archer Street, CHATSWOOD

Phone: 9415 1860

www.north-shore.com.au