

How to enrol:

1. Complete Enrolment Form & you may wish to enrol via:
 - a) Mail form (full fee) with Credit Card authorisation to PO Box 179, Box Hill, VIC 3128
 - b) E: enquiry@northshorevce.com.au
 - c) Enrol in person

Campus Box Hill Berwick Bundoora Burwood Caroline Springs Caulfield
 Coburg Craigieburn Cranbourne Dandenong Footscray Hawthorn
 Pakenham Point Cook Ringwood South Morang Springvale Werribee

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

Address: _____ Suburb: _____ Postcode: _____

School Name: _____ Date of Birth: _____

Parent Name: _____ Email: _____ Mobile / Home: _____

Year Level / Course	Term / Holiday	Day	Time	Fee \$

Credit Card authorisation: Please complete Credit Card details

Cardholder Name: _____ Card Number: _____

Visa Mastercard Expiry Date: __ / __ / __ Amount: \$ _____ Signature: _____

Payment Terms and Conditions:

1. Fees to be paid in full for the whole term or for the number of lessons remaining in the school term.
2. Handling fee equivalent to the cost of one lesson will be charged for termination before the end of term.
3. Early termination must be in writing on a prescribed form **with parent/guardian's signature and must be received** within 72 hours or more before the next scheduled class time.
4. No refund for absence(s).
5. All places are reserved upon payment only.
6. Any subsequent amendment request to the class/course enrolled including request to attend a make-up class is subject to availability.

EMERGENCY HEALTH INFORMATION

Dear Parents

We are committed to providing a safe and caring learning environment in our College Community. We welcome essential **information about your child's** health / medical history. Information about allergies, medical conditions such as asthma, diabetes & other health care related issues should be provided to the College by parents.

Food allergies are the most common trigger for anaphylaxis. If your **child's medical condition is of a SEVERE** nature, we require a PHOTO to familiarise our staff with your child. The ability to recognise your child may prove critical in an emergency. **Please include as much detail as possible about your child's medical records.**

My child has an allergy to:

Peanuts Shellfish Fish Milk Egg Wheat Soy Tree nuts Others, specify: _____

Other medical conditions: _____

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

Parents signature: _____ Date: _____