



Student Enrolment Form

(Please fill in **BLOCK** letters)

SURNAME: _____	GIVEN NAME: _____	(In 2019)	YEAR AT SCHOOL: _____
☎: (HOME) _____	DATE OF BIRTH: _____	GENDER: _____	STUDENT: (NEW / OLD)
☎: (MOB) _____	PARENT'S NAME: _____	HOW DO YOU FIND US: _____	
ADDRESS: _____		SUBURB: _____	POSTCODE: _____
CURRENT SCHOOL NAME: _____		EMAIL: _____	

Pls ✓	Day	Session	Campus	Phone
<input type="checkbox"/>	Sat / Sun	am / pm	PRINCIPAL SCHOOL: 288 Stirling Street PERTH WA 6000	0411 888 208
<input type="checkbox"/>	Sat	am / pm	LYNWOOD Senior High School: Metcalfe Road PARKWOOD WA 6147	0422 659 912
<input type="checkbox"/>	Sat	am / pm	SHENTON College: Selby Street SHENTON PARK WA 6008	0403 808 286
<input type="checkbox"/>	Sat	am / pm	CARINE Senior High School: Everingham St CARINE WA 6020	0408 948 633
<input type="checkbox"/>	Sun	am / pm	ATWELL College: Brenchley Drive ATWELL WA 6164	0415 036 096
<input type="checkbox"/>	Sun	am / pm	MORLEY Senior High School: Bramwell Road NORANDA WA 6062	0433 169 299
<input type="checkbox"/>	Sun	am / pm	ROSSMOYNE Senior High School: Keith Road ROSSMOYNE WA 6148	0419 935 377

Course	NS level	Term / Lessons	Day	Session	Fee (GST Inc)
					\$
				TOTAL	\$

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	Payment Date: _____
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How to enrol –

- In person:** Please come to our Principal School at 288 Stirling St Perth WA 6000 or any North Shore Campus during operating hours
- By email:** to perth@north-shore.com.au (please attach the completed form with Credit Card Payment Authority as below)
- By phone:** ☎ (08) 9328 8228 or call your Campus Director

Emergency Health Information:
 Please provide us with details of your child's allergies / other medical conditions (if applicable). If your child's condition is moderate or SEVERE, kindly provide us with your child's PHOTO and A COPY OF THEIR ASCIA ACTION PLAN.

My child is allergic to (please specify): _____

Other medical conditions (please specify): _____

I hereby agree that in the event that a doctor/ambulance needs to be called by North Shore, I will be responsible for all costs associated with my child's treatment and transport.

Parent's / Carer's Signature: _____ **Date:** ____/____/____

- Payment Terms and Conditions:**
1. Payment should be made in full for the whole term (10 Weeks) or number of lessons remaining for the term.
 2. All multi-term or discounted payments are strictly non-refundable under all circumstances.
 3. Refund is available for early termination only if notified 1 week in advance by submitting a "Request for Refund" form. Administration fee equivalent to the cost of 1 lesson will be charged for all refund.
 4. No refund for absence and all seats are reserved only upon payment.

Credit Card No.: _____ **Expiry Date:** _____ **Amount:** \$ _____

Card Holder Name: _____ **Signature:** _____

(Accept all Terms and Conditions)