



# Enrolment Form (Please print all details in **BLOCK LETTERS**)

**How to Enrol - Please complete the 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 North Shore Coaching College campuses.

Student's Surname: \_\_\_\_\_ Student's Given Name/s: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Home Landline Number: \_\_\_\_\_

Parent (1) Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Parent (2) Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

### How Did You Hear About North Shore Coaching College?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Referral <small>(Word of Mouth)</small> | <input type="checkbox"/> Chinese Newspaper     | <input type="checkbox"/> North Shore Newsletter                 |
| <input type="checkbox"/> Google                                  | <input type="checkbox"/> Indonesian Newspaper  | <input type="checkbox"/> Outdoor Signage                        |
| <input type="checkbox"/> Facebook                                | <input type="checkbox"/> Indian Newspaper      | <input type="checkbox"/> Flyer / Brochure                       |
| <input type="checkbox"/> Instagram                               | <input type="checkbox"/> Vietnamese Newspaper  | <input type="checkbox"/> Other: <small>(Please specify)</small> |
| <input type="checkbox"/> Email                                   | <input type="checkbox"/> Bangladeshi Newspaper | _____   |

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

Course Name	Holiday / Term	Day	Time	Fee
				\$
				\$
				\$

**Complete credit card payment detail below if sending enrolment form 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 (before discount), will be charged for early termination or cancellation.
3. The subsequent lesson will also be charged unless 7 days notice is given.
4. No refund or credit for absences or multiple term enrolments 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/Guardians,

We welcome information from parents/guardians 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 North Shore Coaching College. 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 staff with your child. The ability to recognise your child may prove critical in an emergency.

My child has an allergy to:  Peanuts  Shellfish  Fish  Milk  Egg  Wheat  Soy  Tree Nuts

Other allergies and/or medical condition/s: \_\_\_\_\_

In the event that a doctor/ambulance is to be called by a NSCC Staff, I agree that I will be responsible for all costs associated with the patient's treatment and transport. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_