

## ENROLMENT FORM

DATE OF ENROLMENT: .....

### Student's Details

First Name: ..... Surname: .....

Date of Birth: ..... Gender: .....

Medical Conditions / Allergies / Special Needs: .....

.....

### I would like to enrol my child in the following class(es)

1. Subject: ..... 2. Subject: .....

Level / Grade: ..... Level / Grade: .....

Day of Class: ..... Day of Class: .....

Venue: ..... Venue: .....

Time: ..... Time: .....

### Parent / Guardian's Details

First Name: ..... Surname: .....

Address: .....

Contact Tel No: .....  
(Please indicate if number is for home, work or mobile)

Email address: .....

**PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY.  
THANK YOU FOR YOUR CO-OPERATION**