



Enrolment form

Student details

Full Name: _____
Last _____ *First* _____ *M.I.* _____

Address: _____
Street Address _____

_____ *City* _____ *State* _____ *Postcode* _____

Home Phone: () _____ Mobile Phone: _____

E-mail Address: _____

Birth Date: _____

Education history

Are you still attending school? Yes No

Name of school _____

Current year of study 8 9 10 11 12

What was your last year level completed at school _____

Have you undertaken any studies since leaving school? Yes No

Highest Qualification Achieved _____

If Employed

Company _____

Address: _____
Street Address _____

_____ *City* _____ *State* _____ *Postcode* _____

Company contact: _____

If Under 18 provide Guardian / next of kin details

Name: _____

Address: _____
Street Address _____

_____ *City* _____ *State* _____ *Postcode* _____

Phone No: _____

Enrolment Details

Course Title: _____

Type of study Full time Part time Distance / On-Line