

STUDENT ENROLMENT FORM

STUDENT PERSONAL DETAILS

Family Name:

Given Names:

Preferred Name:

Student year/level:

Tutors SA Use Only

Student No:

Student ID:

School Year Level:

Enrolment Date:

SUBJECTS FOR ENROLMENT

Select subjects that you want to enroll in from the list below

Primary, Middle, and High School (Years 3 - 10)

Mathematics
 English
 General Science (Years 7 - 10)

SACE (Years 11 and 12)

Mathematics:

Specialist Mathematics
 Mathematical Methods
 General Mathematics
 Essential Mathematics

English:

English Literary Studies
 English
 Essential English
 EAL

Sciences:

Physics
 Chemistry
 Biology
 Psychology
 UMAT

Other subjects required (specify):

Availability Survey

Please specify any other preferred days/times, as well as possible conflicts and difficulties with the current times

Day of the week	Time	Availability	Comments
Monday	5.00pm - 9.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuesday	5.00pm - 9.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wednesday	5.00pm - 9.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thursday	5.00pm - 9.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Friday	5.00pm - 9.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saturday morning	9.00am - 12.00pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saturday afternoon	12.00pm - 5.30 pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrolling Parent / Guardian

Mr/Mrs/Ms/Other

Family Name:

Given Names:

Relationship to student:

Work Phone Number:

Mobile Phone:

Home Phone:

ADDRESSES

Residential Address (Of Parent/Guardian with whom student lives)

Mailing Title:

Address:

Suburb/Town:

Postcode:

Student's Mobile Phone (if applicable):

Family Email Address:

Student's Email Address:

Mailing Address (If different from Residential Address)

Mailing Title:

Address

Suburb/Town:

Postcode:

Email Address:

EMERGENCY CONTACTS

If parents or guardians cannot be contacted

Priority order

1. Name:

Relationship:

Home Phone:

Silent

Mobile Phone:

Work Phone:

Ext:

2. Name:

Relationship:

Home Phone:

Silent

Mobile Phone:

Work Phone:

Ext:

* **Signature of Enrolling Parent or Guardian:** _____

Date: ____/____/____

PAYMENT DETAILS

- Students are expected to attend **ALL** the sessions they are enrolled in.
- Please note that all payments are to be paid monthly in advance to the bank account below.**
- Please include a meaningful reference in your transfer to clearly identify the payer/student.

Tutors SA appreciate your prompt payments.

Tutors SA Bank Details:

Account Name: Donash Australia Pty Ltd

BSB: 065 004

Account No: 1095 4633

Bank: Commonwealth Bank