

## 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 AND COURSES FOR ENROLMENT

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

**Primary, Middle, and High School (Years 2 - 10)**

Mathematics
                         
  English
                         
  General Science (Years 7 - 10)

**SACE (Years 11 and 12)**

<b>Mathematics:</b> <input type="checkbox"/> Specialist Mathematics <input type="checkbox"/> Mathematical Methods <input type="checkbox"/> General Mathematics <input type="checkbox"/> Essential Mathematics	<b>English:</b> <input type="checkbox"/> English Literary Studies <input type="checkbox"/> English <input type="checkbox"/> Essential English <input type="checkbox"/> EAL	<b>Sciences:</b> <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry <input type="checkbox"/> Biology <input type="checkbox"/> Psychology
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**Special Courses**

UMAT
                         
  Pre-UMAT
                         
  ACER/Ignite
                         
  STEM

Other subjects required (specify): .....  
 .....  
 .....

**Availability Survey (for future reference)**

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:

Work Phone Number:

Given Names:

Mobile Phone:

Relationship to student:

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

Priority order

1. Name:

Home Phone:

Silent

Mobile Phone:

Relationship:

Work Phone:

Ext:

2. Name:

Home Phone:

Silent

Mobile Phone:

Relationship:

Work Phone:

Ext:

## PAYMENT DETAILS AND DECLARATION

- I have read and fully understood the "Tutors SA Enrolment, Payment and Cancellation Policy" that came with the information package.
- As per the payment policy, I understand that all payments are to be paid in advance for each term.

### Tutors SA Bank Details:

Account Name: Donash Australia Pty Ltd

BSB: 065 004

Account No: 1095 4633

Bank: Commonwealth Bank

Tutors SA appreciate your prompt payments.

\* Signature of Enrolling Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_