



AUSTRALIAN EDUCATION  
ACADEMY

# Student Enrolment Form Tuition Classes

## Personal Details

Parent/Guardian's Name: \_\_\_\_\_  
(If student under 18)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Current Address: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Student's Given name/s: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female

Current year at school in 2011: \_\_\_\_\_

## Classes:

(Please indicate which Tuition class you would like to study in)

<b>Subject</b>	<b>Day &amp; Time</b>
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

---

## **Payment Options:**

### Bank Transfer

**Bank:** Commonwealth Bank of Australia  
**Branch:** Gladstone Park  
**Account Name:** Australian Education Academy Pty Ltd  
**Account No:** 1024 3674      **BSB:** 063 - 593

### Cash Payments:

**Direct to the Finance Department  
at Kensington or Springvale Campus**

### Visa Card / Master Card:

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Card Holders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



AUSTRALIAN EDUCATION  
ACADEMY

# Student Enrolment Form Tuition Classes

## **Conditions of Enrolment:**

In consideration of Australian Education Academy Pty Ltd accepting my enrolment as a student and providing tuition to me, I agree that I will not hold it, and/or its employees, and/or agents, liable for and will not make any claim against them for any loss, damage, death or injury which I may suffer or cause as a result of or in connection with or during the period of:

- (a) *My attendance at any premises owned, operated or controlled by Australian Education Academy Pty Ltd*
- (b) *My attendance at any activity that Australian Education Academy Pty Ltd has any knowledge of (whether work experience, sporting, cultural, social, educational, recreational or otherwise) that is organised by, or on behalf of, or with the assistance of Australian Education Academy Pty Ltd.*

On behalf of myself, executives, administrators and assigns, I hereby release and Indemnify Australian Education Academy Pty Ltd, and/or its employees, and/or agents against any such liability. I agree that this Agreement will be governed in all respects by and interpreted with the laws of the State of Victoria in the Commonwealth of Australia.

## **Declaration**

- *I certify that I have read this form thoroughly and agree to the conditions stated herein.*
- *I understand that enrolment is accepted under the condition that my tuition and other fees are paid in advance for 4 two hour sessions.*
- *No refund is applicable for non attendance to a given session.*
- *All information provided by me is correct and complete as at the date of enrolment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*I hereby acknowledge and agree to the terms and conditions of the Contract*

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If student is under 18 years of age)