

ENROLMENT FORM

Please complete the below form and either email or bring in to Sheree our receptionist.

Please list the class or classes you are enrolling into:*

STUDENT INFORMATION:

Name: First

Last

Date of Birth: DD/MM/YYYY-

School Student Attends:

Student Mobile Phone Number:

Student Email Address:

Student Residential Address:

Medical Conditions (if none please type N/A):

Permissions (please circle YES or NO)

- I give permission for my child to be administered Panadol- YES / NO
- I give permission for photographs to be taken of my child- YES / NO
- I give permission for video footage to be taken of my child- YES / NO
- I give permission for photos and videos of my child to be used for L. E. Academy media and marketing purposes- YES / NO
- In the event of an injury/accident, I give authorization for staff to obtain medical assistance if necessary until I/we can be contacted and subsequently accept any medical expenses incurred.- YES / NO

PARENT/GUARDIAN INFORMATION



Full Name: First

Last

Relationship To Child:

Home Phone:

Mobile Number:

Work Phone:

Email:

Occupation:

Optional Extra Information-

How Did You Hear About L. E. Academy?

- Internet
- Magazine
- Radio
- Referral
- Other

If you answered other in the above question please tell us more detail:

Have you "Liked" the L. E. Academy Facebook page AND joined the Parents & friend's private forum yet? YES / NO

This is the best way to keep up to date on news and events. Follow the link to join - <https://www.facebook.com/groups/1032245646895388/?ref=bookmarks>

Enrolment Agreement

- I/We consent for our child/children to participate in L. E. Academy classes and agree to pay all applicable fees by the due date.
- All information provided is accurate at the time of submission.

Signed:

Date: