



ENROLMENT FORM

Student Details

First Name _____ Last Name _____

Date of Birth _____ / _____ / _____ Gender Male Female

Address _____

Mobile _____ Home _____

Email _____

Current School Year K 1 2 3 4 5 6

Service(s) student wishes to undertake at After School Kids Tutoring

English Class Maths Class NAPLAN Class Homework Assist
 Individual Tutoring Group Tutoring High School Preparatory Class Holiday Workshop (please specify)

Parent/Guardian Detail(s)

1. Name of Parent/Guardian _____

Relationship to Student Mother Father Guardian Others _____

Mobile _____ Email _____

2. Name of Parent/Guardian _____

Relationship to Student Mother Father Guardian Others _____

Where did you hear about After School Kids? _____

Does your child have any medical condition(s) that we need to be aware of? If yes, please elaborate

