



APSMO Practice Enrolment Form

Australasian Problem Solving Mathematical Olympiads

Have you previously studied at Champions Academy?

Yes, my Full Name is _____

No, please fill in your details below:

PUPIL'S DETAILS

PARENT'S DETAILS

Full Name _____		Date of Birth (dd/mm/yyyy) _____/_____/_____		Title _____	Full Name _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Mobile Number (if any) _____				Mobile Number _____	Work Phone Number _____
				<input type="checkbox"/> No Landline	
Email Address _____		Email Address (Private) _____		Home Phone _____	
				/ <input type="checkbox"/> as above	
My School _____		School Year Level _____		Emergency Contact _____	
Address _____				Email Address _____	
Suburb _____		State _____		Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
				Other Languages Spoken at Home _____	

Classes

Wednesday 4.00-5.30 PM

Age

Up to Grade 6

Duration: 1.5 hours per class, 10 weeks per term

Fees: \$500/term (10 classes)

ASSISTANCE

Does your child have any vision or hearing impairments that will affect their learning experience?

Yes No

Is any assistance required to enhance their learning experience? Yes No

If yes, please specify: _____

Invoices will be generated and emailed/mailed to you according to how you would like to receive them. If you have any questions regarding your invoice/statement please feel free to approach our friendly staff. The remaining tuition fees must be paid before the lesson commence. **We accept Bank Transfer, Paypal Credit Card (Mastercard/Visa), Savings or Cheque Account, and Cash as our payment methods.**

How did you hear about Champions Academy?

- | | | | |
|-----------------------------------|------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Flyers | <input type="checkbox"/> Academy Signage | <input type="checkbox"/> Walk - In |
| <input type="checkbox"/> Google | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Magazine | <input type="checkbox"/> Word of Mouth | _____ |

Declaration of Consent

I/We _____ (Print full name/s) have lawful authority of the child referred to in this enrolment form:

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Champions Academy in the event of any changes to this information.
- Give permission for my child to attend this programme under the care of Champions Academy tutors.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell whilst in the care of Champions Academy.
- Provide consent to the staff of Champions Academy or responsible adult to seek medical treatment, if required, for the child from a medical practitioner, hospital or ambulance service, or anywhere appropriate and agree to reimburse the associated costs incurred.
- Agree to permit Champions Academy to take photographs of my child, and to publish the photographs/work of my child for promotional and marketing purposes.
- Agree to permit Champions Academy to quarantine my child(children) if a communicable disease (infectious persistent cough, persistent sneezing/runny nose, etc.) is identified that would be detrimental to the safety and wellbeing of other pupils and our staff.
- Accept the full terms and conditions which can be found at www.championsacademy.com.au.

Signature

Date

Please return the completed form to:

Champions Academy

1/538 Riversdale Road, CAMBERWELL VIC 3124

P: 03 9939 5734

E: admin@championsacademy.com.au

For more information relating to Champions Academy programmes, please visit our website:
www.championsacademy.com.au