



ICAS/Naplan Enrolment Form

Are you a Champions Academy Pupil?

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 _____
Mobile Number (if any) _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Mobile Number _____	Work Phone Number _____
Email Address _____		Email Address (Private) _____		Home Phone _____	<input type="checkbox"/> No Landline
My School _____		School Year Level _____		Emergency Contact _____	/ <input type="checkbox"/> as above
Address _____		Postcode [][][][]		Email Address _____	
Suburb _____	State _____			Other Languages Spoken at Home _____	

SUBJECT/S OF INTEREST

ICAS
 Digital Technology
 Literacy (incl. English, Writing and Spelling)

Science
 Mathematics

Available Day

Tuesday
 Wednesday
 Thursday
 Friday

Naplan
 Reading
 Language Conventions
 Numeracy

Duration: 1 hour per class, 2 classes per week

Fees: \$160/month (8 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?

Website
 Flyers
 Academy Signage
 Walk - In
 Google
 Newspaper
 Radio
 Other _____
 Facebook
 Magazine
 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