



## ICAS/Naplan Practice Enrolment Form

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 _____                      |
| 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 _____                |                         | 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 _____ |                                      |

### 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](http://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](mailto:admin@championsacademy.com.au)

**For more information relating to Champions Academy programmes, please visit our website:**  
**[www.championsacademy.com.au](http://www.championsacademy.com.au)**