

Enrollment Form



Students Details

School Name
First Name
Last Name
Suburb
Mobile

MM/DD/YYYY
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address
Phone
Email

Parent's/Guardian's Details

Parent's/Guardian's Name
Urgent number

Contact number
Email

1st Siblings Detail

School Name
Last Name
MM/DD/YYYY

First Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile

2nd Siblings Detail

School Name
Last Name
MM/DD/YYYY

First Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile

Medical Detail

Seizure disorder

Asthma

Physical disability

Allergies

Please write the things that causing the allergy

Parent/Guardian Declaration

I agree to publish my child's photographs/work to K12's networking websites as a workshop participant.

I will notify K12 Academy if I decide to withdraw this consent.

YES

NO

Payment Method

Cash

Direct transfer

EFTPOS

Parent's/Guardian's signature

Date

office use only