

Enrolment Form

Name:

Address:

Phone (H):

Phone (W):

Mobile:

Fax (W):

Email:

Postcode:

Gender:

D.O.B:

Office use only

Term 1 2 3 4
Tel – Fax – Post – Email – Person

Date: / /

Receipt No:

Student No:

Has Requirements List

Has receipt

Course Title	Course Fee
	\$
	\$
	\$
	\$
	\$
Total	\$

Are you a financial member of the ACT Jewish Community and so eligible for member's concession? **Yes / No**

If you are a member and a pensioner or full time student, please provide your Pension/Student Card number to receive this additional concession

The following (optional) information will assist us in our planning. **Your answers will be kept confidential**

Are you Jewish? **Yes / No**

Are you a member of a religious community, other than Jewish? **Yes / No**

If so where are you a member? _____

Do you consider yourself to have any disabilities? _____ (specify)

Do you require assistance in class? _____ (specify)

How did you hear about us? _____

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Circle method of payment

CASH MONEY ORDER BANKCARD MASTERCARD VISA AMEX

Card Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Name on your card _____

Expire Date ____ / ____ Signature _____