



## UNDER 3 MUSIC & ART APPLICATION FOR ENROLMENT

Thursdays 9:15am to 12:30pm for children under age 3

STUDENT INFORMATION			
Surname:		Given Name:	
Preferred Given Name:			
Date of Birth:		Gender: Please indicate (√)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Residential Address:			
Medicare No.:		Reference No.:	Expiry:
Language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other: _____		
Aboriginal/Torres Strait Islander:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicable, current school:		Year Group:	

ENROLMENT GROUP	
Year of Admission:	20__
Term Commencing: Please indicate (√)	<input type="checkbox"/> 1 <input type="checkbox"/> 2

VISA INFORMATION	
Permanent resident of Australia? Please indicate (√)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, date of Arrival in Australia:	VISA Subclass No:

IMMUNISATION INFORMATION Please indicate (√)	
Is your child fully immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do they have a medical exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for exemption:	

FAMILY CIRCUMSTANCES	
Student Lives With: Please indicate (√)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother ___% <input type="checkbox"/> Father ___% <input type="checkbox"/> Other: _____
Name of person with Legal Guardianship of the student:	
Is the student subject to any Court Orders in respect of care, welfare and development? Copy to be attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student under the care of the Department for Communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/CARER 1	
Surname:	Given Name:
Relation to Student:	
Residential Address:	
Postal Address (if different to above):	



Mobile Phone:		Home Phone:	
Email:			
Language spoken at home:			

PARENT/CARER 2			
Surname:		Given Name:	
Relation to Student:			
Residential Address:			
Postal Address (if different to above):			
Mobile Phone:		Home Phone:	
Email:			
Language spoken at home:			

EMERGENCY CONTACT Please supply local contact other than parent or carer			
Surname:		Given Name:	
Relation to Student:			
Mobile Phone:		Home Phone:	

TUITION FEES - \$310 per term	
<p>The commitment for tuition is for a minimum of one full term. Cancellation of lessons can only take effect at the end of each school term and will be accepted if notice is given in writing at least two weeks before term ends. Please note students are automatically enrolled for the following term.</p> <p>Fees are invoiced per term and are payable prior to commencing. Payment must be received by the due date on the invoice to ensure students are not withdrawn from lessons.</p>	
Payment Method Please indicate (√)	
<input type="checkbox"/> Bank Transfer	Name: Eton Farm Education Inc BSB: 036 092 Account: 230683 Reference: Child's surname
<input type="checkbox"/> Cheque	Payable to Eton Farm Education Inc PO Box 121 Serpentine WA 6125
<input type="checkbox"/> Card 1.2% transaction fee applies	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Cardholder Name: _____ Card No: _____ Expiry: _____ Card Holder Signature: _____

PAYMENT OF FEES	
Person(s) responsible for payment of fees: Please indicate (√)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother ___% <input type="checkbox"/> Father ___% <input type="checkbox"/> Other:

**AGREEMENT**

- I/we understand Under 3 Music & Art classes are held once per week and run for 3.25 hours.
- I/we understand a substitute teacher may conduct lessons if the regular teacher is not available.
- I/we have completed this enrolment form fully and to the best of my/our knowledge and that false, misleading or incomplete information on this form may entitle Eton Farm Education Inc to refuse or terminate this enrolment. Especially in relation to this student's Parenting Orders, then the enrolment may be refused or terminated on this ground.
- I/we agree to abide by the policies and directions of the school as they are enacted from time to time.
- I/we have read and fully understand and agree to the terms and conditions set out in set out in this contract.

**Parent/Carer 1**

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Parent/Carer Name	Signature	Date
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**Parent/Carer 2**

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Parent/Carer Name	Signature	Date
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Completed form to be emailed to [admin@etonfarmeducation.wa.edu.au](mailto:admin@etonfarmeducation.wa.edu.au)  
or delivered in person to the office.