

TEE Revision Seminars 2009

Enrolment application and payment form

Student name: _____
Please use block letters

Address: _____
 _____ **Postcode:** _____

Email address: _____
 Confirmation of your booking will only be sent by email.

Student mobile: _____ **Home phone:** _____

Parent name and mobile number: _____

Dietary requirements/food allergies: _____

School name (in full): _____

Tick the subject/s required (no more than one per day)

Monday 6 July	Tuesday 7 July	Wednesday 8 July	Thursday 9 July	Friday 10 July
Biology	Accounting	Discrete Maths	Economics	Applied Info Technology
Physics		Geography	Chemistry	Physics
		Chemistry	Study & Exam Techniques	English*

* English – please circle: Stage 2 Stage 3

Accommodation

Students who wish to stay in the accommodation village are required to sign a form agreeing to the Duty of Care regulations. Information about the facilities in the accommodation village is available on the SIDE website.

Please tick the nights you wish to stay:

- Sunday 5 July Monday 6 July Tuesday 7 July
 Wednesday 8 July Thursday 9 July Friday 10 July

Anticipated arrival time: _____ on _____ (day)

Anticipated departure time: _____ on _____ (day)

If I do not have accommodation at SIDE I will not be able to attend the seminars. YES/NO

Seminar costs

\$70 per subject x _____ subjects = \$ _____

Accommodation costs

\$25 per night x _____ nights = \$ _____

Total payment required

Seminars \$ _____ Accommodation \$ _____ Total \$ _____

Payment

Please tick:

Personal payment: Complete details below

OR

School payment: School order form number _____

Name of school contact person _____

Phone number of school contact person _____

Personal payment: Name of person responsible for payment _____

Payment method (please circle) cheque / money order / credit card

Cheques and money orders are to be made payable to: SIDE

Credit card payment – complete the form below and return with your enrolment form:

Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Amount \$ _____
Name on credit card _____		
Card number _____ / _____ / _____ / _____	Expiry date ____ / ____	
Cardholder's signature _____		

Return this form and payment (or school order form number) directly to SIDE.

Mail to: Beverley Cooper
Schools of Isolated & Distance Education
PO Box 455
LEEDERVILLE WA 6903

beverley.cooper@det.wa.edu.au

Fax: (08) 9242 6861