

# Application Form

## Life Drawing Class

Please print clearly

### STUDENT DETAILS

Students Full Name		Sex (M/F)	
Home School			
Address			
	Postcode:		
Language spoken at home		Date of Birth	/ /
Home Telephone No.		Student Mobile No.	

### PARENT/GUARDIAN DETAILS

**Adult A:**  Parent / Guardian  Other (please specify)

Adult A Surname		Mr/Mrs/Ms/Miss	
Given Names			
Address			
	Postcode:		
Home Telephone No.		Mobile No.	
Work Telephone No.		Name of Company	

**Adult B:**  Parent / Guardian  Other (please specify)

Adult B Surname		Mr/Mrs/Ms/Miss	
Given Names			
Address			
	Postcode:		
Home Telephone No.		Mobile No.	
Work Telephone No.		Name of Company	

### EMERGENCY CONTACTS

**1st Emergency Contact:**

Contact Name		Relationship	
Address			
	Postcode:		
Emergency Telephone No.1		Mobile No.	
Emergency Telephone No.2		Name of Company.	

**2nd Emergency Contact:**

Contact Name		Relationship	
Address			
	Postcode:		
Emergency Telephone No.1		Mobile No.	
Emergency Telephone No.2		Name of Company.	

*Continued overleaf*

**MEDICAL DETAILS**

Medicare No		Ambulance Fund Subscriber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please give details of any medical conditions or medications that the school should be aware of. If there are none, please write NIL.

Is the student being treated with any medication for this condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name, dosage and frequency of medication:			
Other action to take relating to this condition:			

**OTHER CONDITIONS**

Please give details of any other details relevant to the student that will assist in the management and welfare of the student. If there are none, please write NIL.


**ACCIDENT / INJURY**

In the event of illness or injury to my child whilst at Hallam Senior College, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PAYMENT**

Enclosed, please find my cheque payment OR

Please debit my (Tick one box):  Mastercard  Visa

Student: \_\_\_\_\_ Sub School: \_\_\_\_\_

For: **Life Drawing Classes at Hallam Senior College** Total Amount: \$ \_\_\_\_\_

*\$180 per person full fee / \$150 per person concession (Concession Card MUST be produced at time of payment)*

*Enrolment is only complete when full payment has been made*

Name on Card: \_\_\_\_\_ Card Expiry \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card No: \_ \_ \_ \_ \_

Signature: \_\_\_\_\_ Contact No. \_\_\_\_\_

Date: \_\_\_\_\_

Alternatively, you may contact the Bursar on 9703 1266 between 8.15 am and 3.45pm on school days.