CASUARINA SENIOR COLLEGE
ABN:18 783 765 199

Adult Night Classes Enrolment Form

PO Box 40196 CASUARINA NT 0811
Adult Night Classes: (08) 89201200
Facsimile: (08) 89201222
Email: csc.nightclasses@ntschools.net

4 EASY WAYS TO ENROL

PHONE IN
Enrolments will be accepted using Mastercard or Visa Card.
Phone 8920 1200

WALK IN
Visit our Office.
cnr Trower Rd & Parer Dve.
We accept credit card, cheque, cash, & EFTPOS

FAX IN
Enrolments will be accepted using Mastercard or Visa Card.
Fax 8920 1222

MAIL IN
Complete this enrolment form and mail to: Adult Night Classes
PO Box 40196
Casuarina 0811

Male ☐ Female ☐ Title (Mr, Miss etc.) ☐ **SURNAME:**

GIVEN NAME: **PREFERRED NAME:** Date of Birth: / /

Have you enrolled with the Adult Night Classes before? ☐ Yes ☐ No **NEW STUDENTS MUST COMPLETE ALL CONTACT DETAILS**

IF YES, HAVE YOUR CONTACT DETAILS CHANGED?
☐ **Yes - Please provide new contact details**

OFFICE USE ONLY
Student No. _ _ _ _ _ _ _

Home Address

Postal Address

Home Phone **Work Phone** **Mobile Phone**

Fax **Email**

IN WHAT COURSE ARE YOU ENROLLING?

Course Name	*Location*	*Night*	*Cost*	*OFFICE USE ONLY* *Course Code*	*Entered*
PLEASE ACKNOWLEDGE YOU HAVE READ AND ACCEPT OUR REFUND POLICY BELOW **I accept**					

THE FOLLOWING INFORMATION IS BEING COLLECTED NATIONALLY AND WILL ASSIST THE ADULT AND COMMUNITY EDUCATION (ACE) SECTOR TO BETTER MEET THE NEEDS OF PEOPLE IN LOCAL AREAS. YOUR PERSONAL DETAILS WILL REMAIN CONFIDENTIAL AND WILL NOT BE IDENTIFIED IN ANY NATIONAL COLLECTION.

In what country were you born? _____

What language do you usually speak at home? _____

Are you an Aboriginal? ☐ Yes ☐ No

or a Torres Strait Islander? ☐ Yes ☐ No

How did you hear about the Adult Night Classes? _____

PAYMENT DETAILS

Is payment being made by your employer or another third party? ☐ Yes ☐ No If Yes, please complete this section

Company Name: Contact Person: Phone No:

Do you have a Seniors Card? ☐ Yes ☐ No If Yes, please state your Seniors Card No. ☐

SIGNATURE: _____ **DATE:** _____

ONLY COMPLETE IF PAYING BY MAIL OR FAX

☐ CASH ☐ CHEQUE ☐ EFTPOS ☐ MASTERCARD ☐ VISA

Card No: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date: _ _ / _ _ ☐

REFUND POLICY - A full refund of course fees without a deduction for the standard administrative charge will be paid if for any reason the College cancels an advertised course. If you withdraw before the commencement of the class your fees will be refunded, less a $20 administration fee. If you withdraw after the commencement of classes no refund will be given. **In the event of serious illness or misadventure you may request to transfer to the following term or semester only.** Course fees cannot be refunded to students who are unable to attend classes due to changes in personal circumstances, work commitments or other reasons beyond our control.

DATE PAID: _____ **TOTAL PAID $** _____

TAKEN BY: _____

OFFICE USE ONLY

Personal	Statistics	Receipted