



## STUDENT ENROLMENT FORM

STUDENT NAME:

AGE:

YEAR LEVEL:

SCHOOL ATTENDING:

PLEASE SHARE YOUR MOTIVATION FOR ENROLLING YOUR SON/DAUGHTER IN THE  
ARMOUR EDUCATION PROGRAM?

## PARENT/GUARDIAN INFORMATION

**Parent/guardian contact 1:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/guardian contact 2:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

I \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD \_\_\_\_\_  
TO PARTICIPATE IN THE ARMOUR EDUCATION PROGRAM.

\_\_\_\_\_  
SIGN

\_\_ / \_\_ / \_\_\_\_  
DATE

## OTHER RELEVANT INFORMATION

WHILE YOUR CHILD WILL ONLY BE UNDER THE SUPERVISION OF ARMOUR EDUCATION STAFF FOR SHORT PERIODS OF TIME, WE WOULD STILL APPRECIATE KNOWING ANY RELEVANT **MEDICAL** OR **OTHER INFORMATION** THAT WILL HELP US TO KEEP THEM SAFE. PLEASE SPECIFY BELOW

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I GIVE CONSENT FOR PHOTOGRAPHS THAT IDENTIFY MY CHILD TO BE INCLUDED ON ARMOUR EDUCATION'S SOCIAL MEDIA PAGES: **YES / NO**

## PAYMENT DETAILS

**Fee: \$470**

**Account Name:** Luke Halcro

**BSB: 034-279**

**Account no.: 670153**