

2021 Term 2 **Yr 7 – 9** Holiday Enrichment Classes

- Small Class size
- Writing classes focus on narrative and persuasive writing
- Structured Worksheets (No repetition of worksheets from regular term classes)
- Individualised Programs
- Experienced teachers
- ICAS Preparation

Call 0410 121 509 or Email : enquiries@scholasticexcellence.com.au

Visit our website at www.scholasticexcellence.com.au

ENROLMENT FORM – Term 2 Holiday Enrichment Class

Name of student: _____ Year : _____

Address : _____ Email: _____

School : _____ Tel: _____ Mobile: _____

Please tick the classes you wish to enrol in.

Week 1 (Mon, 5 th Jul to Fri, 9 th Jul)		
Venue : Rossmoyne Senior High School, Keith Rd, Rossmoyne		
<p><u>9.30 – 10.45am</u></p> <p><input type="checkbox"/> Yr 7 Maths</p> <p><input type="checkbox"/> Yr 8 Writing</p> <p><input type="checkbox"/> Yr 9 Writing</p>	<p><u>10.45 – 12.00pm</u></p> <p><input type="checkbox"/> Yr 7 Writing</p> <p><input type="checkbox"/> Yr 8 Maths</p> <p><input type="checkbox"/> Yr 9 Maths</p>	<p><u>12.30 – 1.45pm</u></p> <p><u>Reading & Lang Conv</u></p> <p><input type="checkbox"/> Yr 7</p> <p><input type="checkbox"/> Yr 8</p> <p><input type="checkbox"/> Yr 9</p>

Your enrolment is subject to the acceptance of the following terms and conditions :

- (1) Absent students may request for notes and exercises but no refund will be given for lessons missed.
- (2) Students attend classes at their own risk. Scholastic Excellence shall not be held responsible for any mishaps and misadventure that occur.
- (3) Please choose your classes carefully. No termination of classes or switching of subjects is allowed once classes have commenced.
- (4) Classes can only commence with a minimum of 3 students.

<input type="checkbox"/> Payment of \$ 200 for one subject	<input type="checkbox"/> Payment of \$ 390 for two subjects
<input type="checkbox"/> Payment of \$ 570 for three subjects	
Method of Payment: Cash / Cheque* / EFT# / Visa / Master Card . Amount Paid : \$ _____.	
Credit Card No. <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> . Expiry Date : ____/____.	
Name on Card : _____ . Signature of Cardholder : _____.	

Signature of parent/guardian

Date

* Cheque payable to **SCHOLASTIC EXCELLENCE**

Electronic Funds Transfer to Scholastic Excellence (BSB) 036224 (Acct. no.) 281483. Please indicate student's name on EFT.
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