

2022 Term 2 **Yr 4 – 6** Holiday Enrichment Classes

- Small Class size
- Structured Worksheets (No repetition of worksheets from regular term classes)
- Individualised Programs
- GATE / NAPLAN / ICAS Preparation
- Experienced teachers

ENROLMENT IMPLIES ACCEPTANCE OF COVID TERMS AND CONDITIONS -
<https://www.scholasticexcellence.com.au/wp-content/uploads/2022/03/Covid-TC-1.pdf>

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, 4 th Jul to Fri, 8 th Jul)		
Venue : Rossmoyne Senior High School, Keith Rd, Rossmoyne		
<u>9.30 – 10.45am</u> <input type="checkbox"/> Maths (Quantitative & Abstract Reasoning) <input type="checkbox"/> Writing	<u>10.45 – 12.00pm</u> <input type="checkbox"/> Maths (Quantitative & Abstract Reasoning) <input type="checkbox"/> Writing <input type="checkbox"/> Reading & Lang Conv	<u>12.30 – 1.45pm</u> <input type="checkbox"/> Reading & Lang Conv <input type="checkbox"/> Writing <input type="checkbox"/> Maths (Quantitative & Abstract Reasoning)

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 \$ 380 for two subjects
<input type="checkbox"/> Payment of \$ 525 for three subjects	
Method of Payment: Cash / Cheque* / EFT# / Visa / Master Card . Amount Paid : \$ _____.	
Credit Card No. □□□□—□□□□—□□□□—□□□□. 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.