



APPLICATION FOR ENROLMENT

I wish to enrol (Student Name) _____

D.O.B: ___/___/___ GENDER: MALE FEMALE OTHER: _____

School Attending: _____ Grade/Year: _____

Serious illnesses/disabilities/allergies you feel we should know about:

1 – PARENT/CARER CONTACT

Name: _____ Relationship to Student: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Email: _____

2 -PARENT/CARER CONTACT

Name: _____ Relationship to Student: _____

Address: _____

Phone: _____ Email: _____

In your opinion, why does your child need tuition?

What would you like your child to achieve first? (Set one specific short-term goal in negotiation with GTC staff).

FEE STRUCTURE

The service cost is \$60.00 per child / per 80-minute session incl. GST. Please tick to indicate your selection(s) below.

Number of sessions required per week: _____

English:	<i>Reading</i>
	<i>Spelling</i>
	<i>Writing</i>
	<i>Comprehension</i>
	<i>Punctuation/Grammar</i>
Study Skills	
Assessment Mentoring	
Testing:	<i>Exam Preparation</i>
	<i>NAPLAN</i>
	<i>Selective Schools Exams</i>
Other Subjects:	

Mathematics:	<i>Grade K-8</i>
	<i>5.1</i>
	<i>5.2</i>
	<i>5.3</i>
	<i>Standard 1</i>
	<i>Standard 2</i>
	<i>Advanced</i>
	<i>Extension 1</i>
<i>Extension 2</i>	

How did you hear about our Griffith Tutoring Centre? _____

CONDITIONS OF ENROLMENT

We undertake to provide regular weekly lessons designed to the best of our abilities to improve your child's standard in the subject(s) nominated. Your cooperation regarding the following will assist Griffith Tutoring Centre in maintaining a high level of service.

- I am aware of the homework that is required for optimal academic improvement and will do my best to help my child and see that his/her homework is complete each week.
- I understand that my child's attendance must be regular and punctual in order to achieve maximum benefit from GTC's services.
- I acknowledge that if my child disrupts the learning of other students, Griffith Tutoring Centre staff will bring this to my attention with the expectation that I work with my child to rectify this. I acknowledge that continued misbehaviour by my child may result in termination of service by Griffith Tutoring Centre.
- I acknowledge that I must collect my child on time after their tutoring sessions, as Griffith Tutoring Centre's Duty of Care does not extend beyond each child's scheduled booking time.
- I acknowledge that the toilets available to my child whilst at GTC are shared with members of the general public and that it is in the best interest of the safety of my child that I ensure that he/she has used the bathroom prior to their arrival at Griffith Tutoring Centre.
- I acknowledge that by enrolling my child, I am committing to weekly attendance during the school term until such time as I choose to terminate my child's ongoing booking. In the case that my child is unable to attend their scheduled lesson, I understand that it is my responsibility to make prior contact with Griffith Tutoring Centre to negotiate an alternative time for a catch up lesson. Catch up lessons are limited to 2 per child per school term. I also understand that failure to attend any scheduled lesson without providing prior notice of non-attendance will result in forfeiture of that lesson's fee.
- I understand fees must be paid per term in advance or via automated weekly direct debit payments collected by third party provider, Ezidebit. Any outstanding accounts must be settled prior to the following tutoring session to avoid refusal of service. The following direct debit fees will be added to each transaction:
 - **Direct debit (bank account) - \$0.99**
 - **Direct debit (Visa or Mastercard) - 1.99%**In the case of a failed payment transaction, Ezidebit will charge the client a **Dishonour Fee of \$9.90.**
- I hereby grant permission for GRIFFITH TUTORING CENTRE to publish, copyright, or use video, photographs, computer-generated imagery, and printed and spoken words/works in which I/my child is included, for use in media and marketing campaigns online and offline.

PAYMENT PREFERENCES

- I would like to pay: Per Term (5% discount applies)
 \$60.00 Weekly (Automatic Direct Debit, Ezidebit surcharge applicable)

Name of Parent/Guardian: _____

Signature: _____ Date: ___/___/_____