

BUSINESS STUDIES SUCCESS PACKAGE ENROLMENT FORM: 2010

PLEASE RETURN TO:

Leading Edge Education • Level 11, 307 Pitt Street Sydney NSW 2000 • Tel: (02) 8263 3800 Fax: (02) 8263 3838 • ABN 50 129 068 257

Contact details:

Student's Name:

Street Address:

Suburb: Postcode:

Telephone: Mobile:

Email: School attended by student:

Emergency contact: Name: Phone:

Enrolment Type:

Success Package Tuesday 4:30pm – 7:00pm

Workshops Plus

(Correspondence option. You receive weekly notes by post and attend the holiday Revision workshops)

How did you hear about the Leading Edge Success Package?

Our website Past or current student Leading Edge Publication Other (please specify)

Please tell us about your Business Studies marks up to date:

Note: This information is for reference purposes only and will be held in absolute confidence.

Assessment Type: Mark: Place in Class:/.....

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Payment details: Enclosed is my payment of \$ being for term or part thereof

Visa Mastercard Cheque/Money Order (Payable to Leading Edge Education)

Card Number: Expiry date:

Cardholder's Name: Signature:

Statement of Declaration and Consent (Please read and sign the following agreement)

I have read the Leading Edge Business Studies Success Package Conditions of Enrolment and understand and accept all its terms.

Student's Name: Signature: Date:

Parent's Name: Signature: Date:

Office Use Only

Date received:/...../..... Invoice no.

FileMaker:

