



**Enrolment Form : Invoice**

Name of Parent: \_\_\_\_\_

Name of Student:

#1 \_\_\_\_\_ DOB \_\_\_\_\_

#2 \_\_\_\_\_ DOB \_\_\_\_\_

Address (home) \_\_\_\_\_

\_\_\_\_\_

(email) \_\_\_\_\_ Phone No. \_\_\_\_\_

Term (Please circle) 1 2 3 4

Fees payable (please enter amount as advised by Christina) \$

Payments to:

BSB: 732591 Account No. 675918

*Please note: Discount for pre payment. Fees for missed lessons cannot be refunded.*

Name of parent (please print) \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

Christina Rygiert: Mobile 0421 862825 email [chrisrygiert@hotmail.com](mailto:chrisrygiert@hotmail.com)

ABN: 86859964360

Working with Children ID: 1077581E