BUSINESS STUDIES SUCCESS PACKAGE ENROLMENT FORM: 2008

PLEASE RETURN TO:
Leading Edge Education, PO Box Q3 QVB, Sydney NSW 2000 • Tel: (02) 8263 3800 Fax: (02) 8263 3838 • ABN 25 072 609 093

Contact details:

Student's Name: .....

Street Address: .....

Suburb: ..... Postcode: .....

Telephone: ..... Mobile: .....

Email: ..... School attended by student: .....

Emergency contact: Name: ..... Phone: .....

Enrolment Type: (Please choose one of the following)

Success Package ☐ Wednesday 4:30pm – 6:30pm
☐ Saturday 10:00am – 12:00pm

OR ☐ **Workshops PLUS**
(Correspondence option. You receive weekly Success Package notes by post and attend the holiday 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 Economics 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: ...../...../..... R/Kit issued: ...../...../.....

Invoice no. ..... FileMaker: ...../...../.....