

# Registration Form



DATE OF REGISTRATION

/   /

## PERSONAL INFORMATION

Student's Full  
Name :

Date of Birth :

/   /

Email :

Gender :

Male  Female

Parent's Name:

Phone 1:

Phone 2:

Preferred days  
for classes :  
(Atleast 3)

## ADDRESS

Present Address :

Suburb :

Postcode :

## ADDRESS FOR CLASSES

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
AUTHORISED SIGNATURE

A : 37 IVORY STREET, COBBLEBANK - 3338

THANK YOU FOR REGISTERING

P : 0410706310

E : Info@aussiesmartkids.com.au