

# APPLICATION FOR ENROLMENT FORM

ACADEMICUS Program: \_\_\_\_\_



**BRAINways**  
EDUCATION  
excellence through education



Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Level in 2010 \_\_\_\_\_ Male/Female \_\_\_\_\_

School: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Telephone: A.H \_\_\_\_\_ B.H \_\_\_\_\_

Mobile: \_\_\_\_\_

e-mail: \_\_\_\_\_

Does your child have any ongoing medical condition? YES / NO

Please specify: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone \_\_\_\_\_

Medicare No: \_\_\_\_\_ Medical Cover Details: \_\_\_\_\_

Emergency medication carried by your child: \_\_\_\_\_

In an emergency, if medical assistance is needed for my child, I assent to BRAINways EDUCATION staff taking whatever steps are necessary. (Please note: We regret that BRAINways EDUCATION is unable to dispense medication, except in an emergency). I understand that photographs and video recordings may be taken of the group, to be used in BRAINways EDUCATION or Griffith University media. BRAINways EDUCATION and Griffith University agrees that no names will be mentioned in any resulting publication. I understand that, once enrolment applications have been confirmed and payment is made, there will be no refunds.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* PLEASE COMPLETE PAYMENT DETAILS HERE\*\*\***

CHEQUE/MONEY ORDER: Please make cheque/money order payable to BRAINways EDUCATION

Drawer: \_\_\_\_\_

Bank: \_\_\_\_\_ Amount (incl. GST): \$ \_\_\_\_\_

CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ Amount (incl. GST): \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please send this form/payment to BRAINways EDUCATION. P.O. Box 505, Indooroopilly, 4068 or to [info@brainways.com.au](mailto:info@brainways.com.au)**

BRAINways EDUCATION ABN: 88 115 925 730