ENROLMENT Application



Enrolment Application - VDSS 2023-2024

Personal details - all information must be provided

Preferred First Name:	Gender (Please circle) Female/Male
Enter your full name:	Date of Birth//
Parents Name:	Phone Numbers:
Home Address:	Postcode:
Parent Email Address:	
Student Email Address:	
Student USI	Parent Signature
COURSE REQUE	ESTED (PLEASE TICK ONE BOX)
☐ CHC42015 Certificate IV in © CHC30121 Certificate III in F \$150.00 for First Aid Certificate ☐ CHC30221 Certificate III In ☐ CHC40221 Certificate IV In PLEASE NOTE FLEXIBLE PAYMENT P	Business (\$1,250.00) Business (\$1,320.00)
SCHOOL USE ONLY	
VET COORDINATORS NAME:	
Email:	
SCHOOL:	Phone Number:
DAY OF DELIVERY(Please State): FEC Invoice to be forwarded to:	Parent