



Enquiry Form

Please Use a Separate Enquiry for Each Student

Student's Surname:

Given Names:

Students Date of Birth: / /

Student's Current Grade at School:

Name of Student's School *(Optional)*:

Your Preferred Phone Number:

Postal Address:

Suburb:

State:

Postcode:

Your Email:

I Would Like Some More Information on the Following *(You Can Tick More Than One)*:

Mrs Penn's School Readiness Program - 3-6 Years

Kindergarten - Year 6

School Certificate subjects - Years 7-10

High School Certificate - Years 11-12

Selective High / Scholarship Exams

Languages

Speech Therapy

Computer Training

Adult Literacy / Numeracy

Adult Education/University

If Other, Please Specify *(60 words only)*:

Please Indicate Preferred Centre, Days & Times:

Centre is: Eleebana Charlestown East Maitland

Time(s): am pm Day(s): Mon Tues Wed Thurs Fri Sat

How did you find us?

I am a Past Client

Referral from a Past Client

Yellow Pages Book

Yellow Pages Online

White Pages

Internet Search

If other, please specify:

Your Name:

Date: / /

Relationship to student:

Confidentiality: Get Ahead Learning (formerly Fiona Young Tuition) regards this enrolment enquiry as a confidential document. But we reserve the right to use your information for the purpose of communicating with you. If you would prefer us not to use your details to communicate with you please tick here