



# Student Profile/Agreement

Please Use a Separate Form for Each Student

I/we have read, understood and agree with the fees/conditions of Get Ahead Learning on / /

Student's Name: Student's Date of Birth: / /

Parents/Guardian Name (1): Signature:

Parents/Guardian Name (2): Signature:

Home Address: State: Postcode:

Billing Address: State: Postcode:

Home Phone: ( ) Mobile Phone:

Work Occupation: Work Phone: ( )

Your Email:

Student Wears Glasses Yes No If Yes Please Provide Details:

Does Your Child Attend Any Other Professional Services? e.g. Speech Therapy Yes No

If Yes Please Specify:

Student Medical Conditions/Allergies:

## Alternative Contact Person in Case of an Emergency

Name: Relationship to Student:

Phone: ( )

Other Important Information:

Tuition Payment Method: Cash Cheque Direct Deposit Credit Card

I/we give permission for my/our son/daughter to have their photograph taken and their name displayed on the Get Ahead Learning website and in any other advertising material.  
Yes No

I/we give permission for my/our son/daughter to be named and included in the Congratulations corner, a component of the Get Ahead Learning Newsletter and a Results Corner Board displayed in the centres. Yes No

Signature: Date: / /

**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