

NORTHSHORE SCHOOL OF ART



Please complete and post  
enrolment form to

**NORTHSHORE  
SCHOOL OF ART  
PO BOX 603  
SPIT JUNCTION  
NSW 2088**

**OR FAX (02) 9968 1025**

You will be contacted  
when your enrolment  
has been processed.

### CLASS

Class Name \_\_\_\_\_

Class Code \_\_\_\_\_

Class Time \_\_\_\_\_

Term \_\_\_\_\_

### DETAILS

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

(KID'S CLUB ONLY)

Name of Parent \_\_\_\_\_

Age of Student \_\_\_\_\_

### PAYMENT METHOD

- CASH
- CHEQUE: Write out to Northshore School of Art
- EFTPOS/CREDIT CARD:
- Visa    Mastercard    Bankcard

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

ENROLMENT FORM FOR 2008