
Enrolment Application - VETiS 2016 - 2017

Preferred First Name: _____

Enter your full name: _____ DOB: _____

Parents Name: _____ Phone Number: _____

Home Address: _____ Postcode: _____

Parent Email Address: _____

Student Email Address: _____

PLEASE NOTE: PLEASE ENSURE EMAILS ARE CORRECT AS ALL CORRESPONDENCE WILL BE SENT BY EMAIL

COURSE REQUESTED (PLEASE TICK ONE BOX)

- CHC30213 Certificate III in Education Support
- CHC40213 Certificate IV in Education Support

SCHOOL USE ONLY

VET COORDINATORS NAME: _____ SCHOOL: _____

Email Address: _____

Phone: _____

DAY OF DELIVERY(Please State): _____

Fees Will Be Paid By: School or Parent (Please Circle)