



APPLICATION FORM – GROUP CLASS ACTIVITY

Surname: _____ First Name: _____

D.O.B: _____ Contact Phone: _____

Email: _____

Address: _____

Discipline to study?

How did you find out about us? _____

Disclaimer:

I understand the terms and conditions as outlined in the relevant information brochure and would like to proceed with the application for study through your school. I understand that a place in the suitable area of my request may not be available straight away or possibly at all and that Athena College will keep my details on file for future correspondence. I understand that group class activities are run as term courses over a period of weeks and I will be charged for the entire course irrespective of attendance.

Signed: _____ Date: _____

OFFICE USE ONLY

APP NUMBER: _____ DR: _____

DP: _____ BY: _____

ATHENA COLLEGE

ABN 27 738 235 950

PH: (07) 55 92 40 66 FAX: (07) 55 92 47 66 www.athenacollege.com.au