



Closing Date: When Vacancies Have Been Filled

APPLICATION FORM FOR THE UNIT 1 & 3 – 2020 MASTER CLASSES

Please complete this form and return with your payment to: The Program Coordinator, The School For Excellence, Level 3, 99 William Street Melbourne 3000 Email: admin@tsfx.edu.au Fax: (03) 9663 3939

SECTION 1: STUDENT DETAILS

First Name: _____ Surname: _____ Address: _____

Suburb: _____ Post Code: _____ Mobile: _____ Home Tel: _____

Email Address: _____ School Attending: _____

Year Level in 2020: ☐ Year 12 ☐ Year 11 Studying Unit 3 & 4 Subjects ☐ Year 11 ☐ Year 10 Studying Unit 1 & 2 Subjects Date of Birth: _____

Emergency Contact Name (Parent/Guardian): _____ Emergency Contact Numbers: (W): _____ Mobile: _____

How Did You Hear About this Program?:

☐ Brochure at School ☐ Facebook ☐ Friend/Family ☐ Google Search ☐ Instagram ☐ Mail/Email ☐ Teacher

SECTION 2: INVESTMENT

Price per Subject (Half Year): \$910

Fees include: Twelve 2.5 hour classes, notes, access to recordings of classes, one-on-one tuition, bonus lectures and classes.

There are two payment options available – a once off upfront payment or periodic payments over the duration of each course.

Upfront Payment Option: Students opting for the upfront payment option are required to enclose the full payment (\$910 per subject/unit) with their enrolment.

Periodic Payment Option: Students opting for the periodic payment option are required to pay a deposit of \$210 per subject/unit, on enrolment. The **TOTAL** periodic payment fees are made up of the equivalent upfront payment fee + \$50 administration fee. **The balance of fees is payable in fifteen (15) consecutive weekly instalments of \$50.** Weekly payments will be **automatically deducted** from the credit card nominated in Section 3 commencing Monday 10 February 2020. Please refer to www.tsfx.edu.au/mc for the Weekly Payment Terms & Conditions.

We have a number of program packages
available – please visit www.tsfx.edu.au/mc
for further information.

Package
Discounts

SECTION 3: PAYMENT DETAILS

Payment Amount: \$ _____ ☐ Cheque ☐ MasterCard ☐ Money Order ☐ Visa

Please make Cheques and Money Orders (Australia Post) payable to: **The School For Excellence.**

PLEASE COMPLETE IF YOU HAVE OPTED FOR A PERIODIC PAYMENT PLAN:

☐ I, the cardholder, authorise TSFX to deduct a deposit of \$210 and \$50 per week for 15 consecutive weeks per enrolled unit/subject from the given credit card, as per the Periodic Payment Direct Debit Agreement Terms & Conditions (www.tsfx.edu.au/mc). This authority **only** applies to the units/subjects for which I have selected the Periodic Payment option.

PLEASE COMPLETE THIS AUTHORITY IF PAYING BY CREDIT CARD:

Card Number: _____ / _____ / _____ / _____

CCV: _____ (Last 3 digits of the number on the back of the credit card) Expiry Date: ____ / ____

Cardholder's Name (As Appears on Card): _____

Cardholder's Signature: _____

Cardholder's Email Address: _____

SECTION 4: YOUR ENROLMENT

Please enrol me into the following class(es). Please circle the class times that apply.

	Unit 3	Unit 3	Unit 3	Unit 3	Unit 3	Unit 3	Unit 3	Unit 3	Unit 1	Unit 1	Unit 1
Friday (5pm – 7:30pm)	Biology	Chemistry	×	×	×	×	×	×	×	×	×
Saturday (9am – 11:30am)	×	Chemistry	×	×	Maths Methods	Physics	Psychology	×	×	×	Maths Methods
Saturday (12:15pm – 2:45pm)	Biology	×	×	×	Maths Methods	×	×	Specialist Maths	Chemistry	×	×
Saturday (3:30pm – 6pm)	×	×	English	Further Maths	×	×	×	×	×	×	×
Sunday (9am – 11:30am)	Biology	Chemistry	English	×	×	×	×	×	×	×	×
Sunday (12:15pm – 2:45pm)	×	Chemistry	×	×	Maths Methods	×	×	×	×	×	Maths Methods
Sunday (3:30pm – 6pm)	×	×	×	×	×	×	×	×	×	English	×

SECTION 5: CONDITIONS OF ENROLMENT – ENROLMENTS CANNOT BE PROCESSED IF THIS SECTION IS NOT COMPLETED IN FULL

(1) Students (applicants) are required to attend the same session for the duration of the course. Students who cannot attend their scheduled class(es) may **temporarily** attend a different class time, providing sufficient notice is given to the administration staff. (2) There are **no refunds for missed classes** and Periodic Payment Plan applicants are required to pay for classes they have not attended. In the event that the applicant ceases attending classes, the balance of fees for the package selected will be due within a seven day period. (3) In the event of a default by the applicant/parent/legal guardian in payment of fees when due and payable in accordance with the payment schedule, the student **will not** be entitled to attend classes until outstanding fees has been resolved. Late payments will incur a penalty fee of \$20 per missed payment. (4) In the event that a Periodic Plan payment falls more than 1 payment in arrears, **the full course fees** are payable within seven days. (5) Periodic Plan payments will be deducted via direct debit from the given credit card on a weekly basis commencing from Monday 10 February 2020. (6) The applicant/parent/legal guardian shall be responsible for any bank charges, legal costs and/or any recovery agent's commissions on an indemnity basis incurred in the recovery of unpaid fees. (7) Course cancellations will only be accepted in writing at least 5 business days prior to the commencement of the course and will incur a \$100 fee per subject. No cancellations will be accepted for applications received after the start of the Master Class course. (8) A full refund will be issued in the event that all positions have been filled or if the given preferences can't be accommodated. (9) Although every effort will be made to deliver content in line with a school's curriculum, this may not be possible in all cases. (10) Although every effort will be made to adhere to the advertised dates and times, TSFX reserves the right to alter session details. In the event that session details are altered, students will be promptly notified. (11) The student agrees to adhere to the **Code of Conduct** detailed at <http://www.tsfx.edu.au/mc>.

To be Completed by ALL Students and a Parent/Guardian:

Student Name: _____ Date: _____

Student Signature: _____

Parent/Legal Guardian Name: _____ Date: _____

Parent/Legal Guardian Signature: _____

To be Completed by the Person Responsible for Payments (Must be 18 years or older):

Full Legal Name: _____

Signature: _____ Date: _____

Residential Address: _____

Email Address: _____

Phone Number: _____