APPLICATION FORM FOR THE 2020 YEAR 11 PROGRAM PACKAGES

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

SECTION 1: APPLICANT (STUDENT) DETAILS – PLEASE PRINT CLEARLY

First Name: _____ Surname: _____ Address: _____

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

Email Address: _____ School Attending: _____

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

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

SECTION 2: 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 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 it Appears on the Card): _____ **Cardholder's Signature:** _____

Cardholder's Email Address: _____

SECTION 3: PACKAGE SELECTIONS

UPFRONT PAYMENT PACKAGES (PLEASE ✓ YOUR CHOSEN PACKAGE/S)

Year 11 Subjects	Unit 1 Package (Half Year)		Unit 2 Package (Half Year)		Lecture Package (Full Year)		Master Class Package (Full Year)		Master Class & Lecture Package (Full Year)	
	✓	Fee	✓	Fee	✓	Fee	✓	Fee	✓	Fee
Year 11 Biology		–		–		237		–		–
Year 11 Chemistry		1016		997		285		1683		1908
Year 11 English		969		950		190		–		999
Year 11 Maths Methods		1016		997		285		1638		1908
Year 11 Physics		969		–		237		–		1044
Year 11 Psychology		–		–		237		–		–
Year 11 Specialist Maths		969		997		237		1683		1863

Periodic Plan Applicants are required to complete a Direct Debit agreement, which will be sent by email in January 2020.

If your package includes a Master Class program you are required to select your class time(s) by completing the Master Class Schedule Form. This form will be emailed to you upon receipt of your package enrolment.

SECTION 3 CONTINUED – PERIODIC PAYMENT PACKAGES (PLEASE TICK ✓ YOUR CHOSEN PACKAGE/S)

Year 11 Subjects	Unit 3 Package (Half Year)				Unit 4 Package (Half Year)				Lecture Package (Full Year)				Master Class Package (Full Year)				Master Class & Lecture Package (Full Year)			
	✓	Total Fees	Deposit	Weekly Payments (X 15)	✓	Total Fees	Deposit	Weekly Payments (X 15)	✓	Total Fees	Deposit	Weekly Payments (X 15)	✓	Total Fees	Deposit	Weekly Payments (X 30)	✓	Total Fees	Deposit	Weekly Payments (X 30)
Biology		–	–	–		–	–	–		–	–	–		–	–	–		–	–	–
Chemistry		**1066**	213.20	56.85		**1047**	209.4	55.84		–	–	–		**1733**	346.60	46.21		**1958**	391.60	52.21
English		**1019**	203.80	54.35		**1000**	200	66.67		–	–	–		–	–	–		**1049**	209.80	27.97
Maths Methods		**1066**	213.20	56.85		**1047**	209.4	55.84		–	–	–		**1733**	346.60	46.21		**1958**	391.60	52.21
Physics		**1019**	203.80	54.35		–	–	–		–	–	–		–	–	–		**1094**	218.80	29.17
Psychology		–	–	–		–	–	–		–	–	–		–	–	–		–	–	–
Specialist Maths		**1019**	203.80	54.35		**1047**	209.4	55.84		–	–	–		**1733**	346.60	46.21		**1913**	382.6	51.01

SECTION 4: PACKAGE TERMS & CONDITIONS – ENROLMENTS CANNOT BE PROCESSED IF THIS SECTION IS NOT COMPLETED IN FULL

All Applicants:

(1) Cancellations must be provided in writing at least 30 days prior to the commencement of an enrolled lecture/program.

(2) If you choose to cancel any program included within your package, all discounts awarded by the package will be voided, and your total refund will be based on the non-discounted program fees.

(3) A fee of $50 per cancelled package/subject applies.

(4) There are **no refunds for missed lectures/programs** and Periodic Payment Plan applicants are required to pay for lectures/programs they have not attended.

(5) Packages may be transferred from one subject to another i.e. students may attend different subjects in different lectures/programs.

(6) Although every effort will be made to adhere to the advertised dates and times, TSFX reserves the right to alter lecture/program details. In the event that session details are changed, students will be promptly notified.

Periodic Payment Applicants:

(1) The Periodic Payment option is a Direct Debit Agreement with Bank of Melbourne/St George.

(2) Periodic Payments are only available for packages over $400.

(3) Periodic Payment Total Fees = Upfront Payment + $50 administration fee**.**

(4) Late or failed payments will incur a $10 processing fee.

(5) Failed payments will be attempted 3 times and after that, will be declared as being in default.

(6) If a plan registers a default on 3 occasions, the Direct Debit Agreement will be cancelled and full payment of the balance of fees will be required within 7 days.

(7) 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 lectures/programs or access the corresponding recordings until outstanding fees have been resolved.

(8) 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.

(9) The Periodic Plan includes your initial deposit and 15 to 30 **consecutive weekly payments** that commence on Monday 10 February 2020. Payments relating only to the Unit 4 and Unit 2 Packages will commence on Monday 18 May 2020. We will contact you in January 2020 to finalise the direct debit setup.

(10) Quoted prices apply to packages booked prior to Friday 7 February 2020. Packages booked after this date may require a different deposit and/or number of payments so that package payments can be finalised by the due dates. Unit 3 Package payments are to be paid in full by Monday 1 June 2020. Payments relating to the other packages are to be paid in full by Monday 24 August 2020.

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 Periodic Plan Payments (Must be 18 years or older):

Full Legal Name: _____

Signature: _____ Date: _____

Residential Address: _____

Email Address: _____

Phone Number: _____