



Enrolment Form

Personal Details

Title (Dr, Mr, Mrs, Ms, Miss): _____

_____ First Name: _____ Last Name: _____

Date of Birth: _____ Contact Email: _____

Phone (Mobile): _____ Phone (Home): _____ Phone (Work): _____

Home Address: _____

City: _____ State: _____ Postcode: _____

Is your Postal Address different from your Home Address? **Yes / No**

If Yes, provide postal address: _____

City: _____ State: _____ Postcode: _____

Course Details

Subjects enrolling in (please mark chosen subjects):

Literature	History	Philosophy	Historical Theology
Monday 10-12pm	Monday 2-4pm	Tuesday 10-12pm	Tuesday 2-4pm

Method of Study: (please mark study method): In Person or Online

Payment Details

Payment Method: Cheque or Direct Deposit (no credit card payments accepted)

Cheque payments made out to: Emmanuel College Sydney Ltd

Direct Deposit: Emmanuel College Sydney Ltd BSB: 082 356 Account: 8773 90826

Please reference: Surname and initial

Amount Due: If undertaking all 4 subjects in one semester: \$1,000 (\$250 per subject/semester)

If undertaking 1-3 subjects per semester: \$300 per subject/semester

Subjects are studied over 2 semesters with payment required prior to the start of each semester

Declaration

I declare that the information provided is true and complete. I understand that Emmanuel College Sydney is relying on this information and is not responsible if the information is incorrect when processing the enrolment registration form. I understand that in submitting this registration, Emmanuel College Sydney is collecting personal information from me, which is considered personal information for the purposes of the Privacy and Personal Information Protection Act 1998 (NSW). I understand that the purpose of collecting the information is to enable my registration to be processed and to plan course delivery and scheduling. The intended recipients of this information are officers within Emmanuel College Sydney only. As an unaccredited College, there is no sharing of information regarding the collection, receipt, storing, transfer, and use of any information about me to other schools or government agencies, without my consent.

Student Signature: _____

Date: _____

Please return via email: registrar@emmanuelcollegesydney.com.au or post to: 46-48 Belmore St Burwood NSW 2134