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|--------|---------|---------|---------|----|------|----|
| ST ID: | CHESSN: | COURSE: | COM ST: | DB | MYOB | HC |
|--------|---------|---------|---------|----|------|----|

Continuing Student Enrolment Form

Semester 2 2017: 17 July – 24 November
Assessment week: 20 – 24 November 2017

Adelaide Central
School of Art



Continuing student enrolment closing date: **13 June 2017**

A \$120 late fee applies for enrolments after these dates

Personal Details

| | | |
|---|--------------------------------|-----------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other | Residential Address: | |
| First Name: | Suburb: | Post Code |
| Middle Name: | Postal Address (if Applicable) | |
| Surname: | Suburb | Post Code |
| Previous Name (if applicable): | Mobile: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: | Home Phone: | |
| Email: | Work Phone: | |

Citizenship

| | | |
|---|---|---|
| Country of Birth: | Year arrived in Australia: | Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Language Spoken at home: | | If not are you a permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you of Aboriginal descent? Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> | |

Disabilities

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|---|
| Do you have a disability, impairment or long term medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, please indicate areas of impairment: |
| Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> Allergies <input type="checkbox"/> Mental Health <input type="checkbox"/> |
| Other <input type="checkbox"/> |
| If Yes, would you like to meet with a staff member to discuss the support services, equipment and facilities that may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Emergency Contact Details

| | | | |
|---------------|---------------|---------------|---------------|
| Contact 1: | Relationship: | Contact 2: | Relationship: |
| Phone Number: | | Phone Number: | |

Recommending students

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| Are you recommending study after a period of absence of six consecutive semesters or more? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, you are not eligible to enrol as a continuing student. Please review the Intermission policy in the Terms and Condition of Enrolment. |

Enrolment Details: Include both first and second class preferences

| Subject | Level | Unit | First Preference: Class Day and Time | Lecturer | Second Preference: Class Day and Time | Lecturer |
|------------------------------|-------|------|---|----------|--|----------|
| General Drawing | | | | | | |
| Life Drawing | | | | | | |
| Art History and Theory | | | | | | |
| Professional Studies | | | | | | |
| Contemporary Studio Practice | | | | | | |
| Elective | | | | | | |
| Elective | | | | | | |
| Studio Practice | | | | | | |
| Honours Research Methods | | | | | | |
| Honours Studio Practice | | | | | | |



Payment Details:

Please tick box to indicate your preferred payment options:

| TUITION FEES | STUDENT SERVICES AND AMENITIES FEE |
|---|--|
| <input type="checkbox"/> Payment in full – submit payment in full with this enrolment OR submit 20% deposit with enrolment and balance by enrolment due date. | <input type="checkbox"/> Payment in full – submit payment in full with this enrolment OR submit 20% deposit with enrolment and balance by enrolment due date. |
| <input type="checkbox"/> FEE-HELP – attach your <i>Request for FEE-Help Assistance</i> form. Note: FEE-HELP loan is for tuition fee only. Please retain the Student Copy for your records. | <input type="checkbox"/> SA-HELP – attach your <i>Request for SA-Help Assistance</i> form. Note: SA-HELP loan is for Student Services and Amenities fee only. Please retain the Student Copy for your records. |
| <input type="checkbox"/> Instalment plan – attach your signed and authorised ACSA Instalment Plan with a 25% deposit. Note: A 20% administration fee will apply to the balance of the instalment plan. | <input type="checkbox"/> Instalment plan – attach your signed and authorised ACSA Instalment Plan with a 25% deposit. Note: A 20% administration fee will apply to the balance of the instalment plan. |

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|---|-----------|
| TUITION FEE: refer to Schedule of Fees to determine your semester tuition fees | \$ |
| STUDENT SERVICES AND AMENITIES FEE: refer to Schedule of Fees | \$ |
| Sundry Fees (eg \$120 late application / enrolment fee) | \$ |
| Tax deductible donation to Adelaide Central School of Art Inc. (optional) | \$ |
| TOTAL AMOUNT PAYABLE | \$ |

| Office use only | | | | |
|--------------------------|-------------|---------|------------------------------|------------|
| Amount paid upfront: | Initial: | Date: | MYOB REF # | \$ |
| Enrl & Deposit rcv'd by: | Initial: | Date: | Balance Owing FP / FH / INST | \$ |
| Payment received by: | Initial: | Date: | MYOB REF # | \$ |
| Payment received by: | Initial: | Date: | MYOB REF # | \$ |
| Enrolment checked by: | Initial: | Date: | Credits | \$ |
| Entered database by: | Initial: | Date: | Instalment Plan | \$ |
| Entered MYOB: | Initial: | Date: | FH Debtor | \$ |
| Entered HECAT: | Initial: | Date: | SA Debtor | \$ |
| Student ID: | Comm. Date: | CHESSN: | FIA Transfer | \$ |
| | | | Balance | \$ |
| Date: | Initial: | NOTES: | | Reference: |
| | | | | |
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- I have read and agree to Adelaide Central School of Art *Terms & Conditions of Enrolment*.
- I agree to read the Adelaide Central School of Art *Student Handbook* prior to commencing the course.
- I agree to comply with all the Policies and Procedures and Code of Conduct of the School.
- The information provided on this form is true and accurate.

Signed:

Date:/...../.....