

AVALON
BEAUTY COLLEGE

CORRESPONDENCE ENROLMENT FORM

Family name: _____	Given names _____	
Address: _____		
Post code _____		
Telephone: (H) _____	(W) _____	(M) _____
Date of Birth. _____	Age _____	email address _____

COURSE: _____

Starting date _____

Please indicate if you would like your course technique demonstration on DVD..... or Video.....

Course Fee: \$.....
Deposit: \$.....
Balance of Fees: \$.....

Date of final payment due: / / **all money to be paid by this date.**

Other comments _____

1. I acknowledge that on signing this agreement I become liable to pay the full amount whether I finish the course or not.
2. Should I wish to withdraw prior to commencement, a cancellation fee of 25% of the total course fee will be charged.
3. I should understand that delays in paying my fees may result in a hold being placed on my course.
4. I understand that all my fees must be paid in full otherwise I will not be able to sit my final examinations, receive my results or receive my qualifications.
5. Payments of more than 7 days overdue may incur a bookkeeping fee of \$5.00 per week.
6. I understand the college cannot accept responsibility for any accident, injury damage or loss of property through negligent and or inappropriate behavior.
7. I agree the college will calculate the final payment date and I will pay my fees in full by this date.
8. I agree to indemnify the college in respect to all debt collection costs and commissions as a result of my fees becoming outstanding for a period greater than 30 days.

STUDENT SIGNATURE _____ DATE _____

NAME OF GUARDIAN (if student is under 18yrs) _____
(Please Print)

RELATIONSHIP TO STUDENT _____ SIGNATURE OF GUARDIAN _____

COLLEGE REPRESENTATIVE _____ DATE _____

PAYMENT DETAILS: Cash () Cheque () Direct Transfer () Money Order () Visa () Bankcard () Mastercard ()			
Cardholders Name:.....	Card No :.....		
Expiry Date:	Amount: \$.....	Date:.....	Signature:.....
Please tick and initial this box if you would like Avalon Beauty College to debit your Credit Card for your monthly payments ()			