



### ENROLMENT FORM (NSW)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(first name) (surname) (DD/MM/YY)

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

**Preferred Location of Test** (Tick one box):

Chatswood  
65 Archer St

Hurstville (Sat only)  
Level 1, 127 - 137 Forest Road

Parramatta (Sat only)  
Cnr. Thomas St. & Stewart St.

| SUBJECT                              | Year tested | Fee  | DATE AND TIME  | DATE AND TIME   | Closing Date |
|--------------------------------------|-------------|------|--|---|--------------|
| <input type="checkbox"/> Computer    | 3-10        | \$12 | <input type="checkbox"/> Friday, 28 May 4:30 - 6pm     | <input type="checkbox"/> Saturday, 29 May 12:30 - 2pm     | 27 April     |
| <input type="checkbox"/> Science     | 3-12        | \$12 | <input type="checkbox"/> Friday, 11 June 4:30 - 6pm    | <input type="checkbox"/> Saturday, 12 June 12:30 - 2pm    | 12 May       |
| <input type="checkbox"/> Spelling    | 3-7         | \$14 | <input type="checkbox"/> Friday, 25 June 4:30 - 5:15pm | <input type="checkbox"/> Saturday, 26 June 12:30 - 1:15pm | 25 May       |
| <input type="checkbox"/> Writing     | 3-12        | \$17 | <input type="checkbox"/> Friday, 25 June 5:15 - 6pm    | <input type="checkbox"/> Saturday, 26 June 1:15 - 2pm     | 25 May       |
| <input type="checkbox"/> English     | 3-12        | \$12 | <input type="checkbox"/> Friday, 6 August 4:30 - 6pm   | <input type="checkbox"/> Saturday, 7 August 12:30 - 2pm   | 6 July       |
| <input type="checkbox"/> Mathematics | 3-12        | \$12 | <input type="checkbox"/> Friday, 20 August 4:30 - 6pm  | <input type="checkbox"/> Saturday, 21 August 12:30 - 2pm  | 20 July      |

Total fee: \_\_\_\_\_ All fees paid are non-refundable under any circumstances. North Shore reserve the right to cancel enrolment due to capacity issues in which case a full refund will be made.

**Payment Method:**

Cash / Cheque (pay to *North Shore Development Centre*) / Credit Card (Visa/Master/Bankcard only)

CARD NO: \_\_\_\_\_ VERIFICATION CODE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Parent Declaration: My child will **NOT** be sitting for the above ICAS test at his/her school.

SIGNATURE (parent/guardian): \_\_\_\_\_ DATE: \_\_\_\_\_

Postal Address: PO Box 22, Chatswood NSW 2067 Fax: (02) 9411 3263