

The King David School

KDS Chaverim Enrolment Form

TERM 4 SESSION TIMES

PLEASE SELECT YOUR PREFERRED SESSION TIME: 9:15 am - 10:15 am 10:45 am - 11:45 am

STUDENT DETAILS

STUDENT'S NAME

DOB: / /

MALE:

FEMALE:

PARENTS'/GUARDIAN'S DETAILS

MOTHER'S/FEMALE GUARDIAN'S NAME

ADDRESS STREET NUMBER & NAME

SUBURB/CITY

POSTCODE

HOME TEL

WORK TEL

MOBILE

EMAIL ADDRESS

FATHER'S/MALE GUARDIAN'S NAME

ADDRESS STREET NUMBER & NAME

SUBURB/CITY

POSTCODE

HOME TEL

WORK TEL

MOBILE

EMAIL ADDRESS

ANY MEDICAL CONDITIONS OR ALLERGIES?

ANY FOOD ALLERGIES?

KDS CHAVERIM COSTS \$50 PER TERM

PAYMENT DETAILS:

PLEASE ACCEPT PAYMENT OF \$ BY CHEQUE (MADE PAYABLE TO THE KING DAVID SCHOOL) OR CREDIT CARD

CARD TYPE

Visa

Mastercard

CARDHOLDERS NAME

CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholders Signature

Please return your completed form to:
Admissions Department, The King David School
PO Box 286, MALVERN VIC 3144, AUSTRALIA
Email: admissions@kds.vic.edu.au

THE KING DAVID SCHOOL

