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**FREE ASSESSMENT TEST**

**REGISTRATION FORM**

**Student Details:**

|  |  |
| --- | --- |
| **Details** |  |
| Student First Name: |  |
| Surname: |  |
| Male/Female: |  |
| Class Grade Year (currently studying) |  |
| School: |  |

**Parent/Guardian Details :**

|  |  |
| --- | --- |
| **Details** | **Parent/ /Guardian** |
| First Name: |  |
| Surname: |  |
| Relationship to Student: |  |
| Home Phone: |  |
| Work Phone: |  |
| Mobile: |  |
| Preferred Method of contact: |  |
| Email Address: |  |
| Suburb: |  |

*I consent to allow Skolenhoz to collect and store the above information electronically and /or as hard copy.*

Parent/Guardian Date ………………………….

Please email to: [reception@skolenhoz.com.au](mailto:reception@skolenhoz.com.au) or send as SMS attachment to +61432748440

Alternately post it to address below.