

ROPER TUTORING CO.

Real Teachers • Real Results

Enrolment Form

This form must be completed, signed and returned before the student can commence their tutoring sessions. If you wish to enrol more than one student please complete a separate enrolment form for each student.

Student Details

Full Legal Name					
Preferred Name					
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rather not say	Birth Date <i>(dd-mm-yyyy)</i>	____ / ____ / ____
Student Mobile Number			Student Home Number		
School <i>(Currently Enrolled)</i>			Year Level at School		
Tuition Subject Focus					
Street Address <i>(or PO Box details)</i>					
Suburb		State		Postcode	

Identified Learning Difficulties and/or Areas of Need

Does the student have any identified Learning Difficulties or extra areas of need?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If you ticked yes, please provide all relevant details below to ensure we can provide the student with the best support possible:						
Does the student require extra support in any of the following specific areas:	Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes to any of the above, please provide all relevant below details to ensure we can provide the student with the best support possible:						

Medical Details

Does the student have any current medical conditions? <i>(If you answered no, move to next section)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes, please provide all necessary details about their current condition including symptoms and/or warning signs, current management plans, medication plans/reminders, doctor/specialist recommendations etc:		
In the event the student displays any of the above symptoms or warning signs please select the appropriate action you wish Roper Tutoring Co. staff to take:		
<input type="checkbox"/> Call Primary Caregiver <i>(details provided below)</i>	<input type="checkbox"/> Call Emergency 000	
<input type="checkbox"/> Administer Medication <i>(as outlined below)</i>	<input type="checkbox"/> Other <i>(please specify)</i>	

Medication

Does the student take medication? <i>(If you answered no, move to next section)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication:		
Is the medication taken regularly by the student (preventive) OR only in response to symptoms?	<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage (amount) of the medication to be taken:		
Indicate how frequently the medication is to be taken:		
Indicate where the medication is expected to be stored:	<input type="checkbox"/> with the student	<input type="checkbox"/> at Roper Tutoring Co. at all times

Court Orders

Have any Court Orders been made regarding the student? <i>(If you answered no, move to next section)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes, please provide brief details below and attach any relevant documentation, including court documents:		

Additional Information

Do you wish to provide any additional information that relates to the student? <i>(If you answered no, move to next section)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked yes, please provide details below and any relevant documentation:		

Primary Caregiver Details (Primary Contact Person)

Full Legal Name						
Preferred Name				Title <i>(Mr, Mrs, etc.)</i>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rather not say	Mobile Number		
Home Number				Work Number		
Email Address						
Street Address <i>(or PO Box details)</i>						
Suburb			State		Postcode	
Billing Address	<input type="checkbox"/> Is the same as my street address <input type="checkbox"/> Is NOT the same as my street address			<i>Please write your preferred Billing Address here:</i>		
Relationship to Student	<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Step-Parent	
	<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Host Family	
	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Relative <i>(please specify)</i>			
	<input type="checkbox"/> Other <i>(please specify)</i>					

Please note you **MUST** provide a Secondary Caregiver (Secondary Contact Person) below. This person will be contacted in the event the Primary Caregiver is not available.

Secondary Caregiver Details (Secondary Contact Person)

Full Legal Name						
Preferred Name				Title <i>(Mr, Mrs, etc.)</i>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rather not say	Mobile Number		
Home Number				Work Number		
Email Address						
Street Address <i>(or PO Box details)</i>						
Suburb			State		Postcode	
Billing Address	<input type="checkbox"/> Is the same as my street address <input type="checkbox"/> Is NOT the same as my street address			<i>Please write your preferred Billing Address here:</i>		
Relationship to Student	<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Step-Parent	
	<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Host Family	
	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Relative <i>(please specify)</i>			
	<input type="checkbox"/> Other <i>(please specify)</i>					

Marketing

How did you hear about us?	<input type="checkbox"/> Facebook	<input type="checkbox"/> Teacher Referral	<input type="checkbox"/> Street Signs
	<input type="checkbox"/> Instagram	<input type="checkbox"/> Current Client Referral	<input type="checkbox"/> Business Cards
	<input type="checkbox"/> Google Search	<input type="checkbox"/> Friend Referral	<input type="checkbox"/> LinkedIn
	<input type="checkbox"/> Specialist Referral <i>(please specify):</i>		
	<input type="checkbox"/> Other <i>(please specify):</i>		

Adults Approved for Student Collection

Do you consent to any other adult/s other than the Primary and Secondary Caregivers as listed above to collect the student from Roper Tutoring Co. at the end of their tutoring session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you ticked yes, please complete the information below.
Please note that we MUST be informed by the Primary Caregiver prior to collection by an Approved Adult listed below and they will need to show photographic ID upon collection of the student.

	Approved Adult Full Name	Relationship to student (Neighbour, Relative, Friend or Other)	Mobile Number	Have you communicated that they will need to show photo ID?
1				
2				
3				

Permission for the Student to Leave Roper Tutoring Co. Without an Adult

Do you give permission for the student to leave Roper Tutoring Co without a Caregiver or Approved Adult present? <i>Please note that Roper Tutoring Co. is only responsible for the student during their allocated tutoring session.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Photography Release

I hereby grant permission to Roper Tutoring Co. to use photographs and/or video of my child taken at Roper Tutoring Co. in publications, news releases, online, and in other communications related to the mission of Roper Tutoring Co.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Returning this Form

Thank you for taking the time to complete our Student Enrolment Form.

IMPORTANT: We require the original hardcopy version of this form for our records and for insurance purposes. Therefore, you must complete and sign this form and submit it to Roper Tutoring Co. staff prior to the commencement of the student's first tutoring session for the year. If you do not plan to attend their first session, please ensure the student submits it to a staff member at the commencement of their first session. We reserve the right to refuse to administer tuition if this completed form has not been submitted prior to the student's first tuition session.

By signing this enrolment form you give Roper Tutoring Co. permission to provide the student's and/or the Primary and Secondary Caregivers contact details to selected tertiary, tafe, training and/or apprenticeship institutions with the intention that they may contact you directly to provide guidance and support in relation to suitable study and career pathways for the student. Should you not wish for this to occur, please contact Roper Tutoring Co. and we will remove your name from our list.

Declaration

*I declare that the information contained within this form is true and correct with no omissions and I accept that Roper Tutoring Co. will not be liable for relying upon any false or misleading information.
I confirm that I have read and agree to the "Roper Tutoring Co. Terms and Conditions" which have been provided to me and which may also be found at www.ropertutoringco.com.*

Primary Caregiver Full Name: _____

Primary Caregiver Signature: _____ **Date:** ____ / ____ / ____