

ENROLMENT FORM
BSZ40198 to TAE40110



NOTE: Please read the Information sheet on the AATS website www.aats.biz and complete the Checklist before enrolling.

Personal Information

Surname			
First name/s			
Date of Birth			
Address	No./Street		
	Suburb		
	State		Postcode
Postal Address			
Home Phone		Mobile	
Work Phone		Fax (home/work)	
Email			
Emergency Contact Name		Emergency Contact Phone	

Declaration and Agreement

I have read the AATS TAE40110 Student Handbook (www.aats.biz/downloads) and understand my rights and obligations and clarified any concerns and/or issues.

I Accept I do not Accept

Student Signature

Application Date

If under 18 years

Parent Guardian Name

Signature

Application Date

