

**Prince of Peace Lutheran College
Study / Homework Club**

Student Registration Form

Student Name/s: _____ Class: _____

Student Name/s: _____ Class: _____

Student Name/s: _____ Class: _____

Afternoons Required: Please tick **Basic Hours: 3:30 pm to 5:00 pm**

	Monday	Tuesday	Wednesday	Thursday
Approx. Pick-up Time				

The Coordinator will have access to your child's College medical record. Is there anything else you believe the Coordinator should know?

Parent: email: _____

Parent Contact Number: _____

Parent Name: (Please print)

I agree to have the Study / Homework Club fees charged to my child's term fees account.

Please charge the Study/Homework Club fees to _____,
separately from the term fees (contact details and signature of payee required please)

Parent Signature

Date