## **Lifted Learning Ltd**

## Registration Form

Student	t Name:						
Age (Ye	ears):		_				
School:							
Year:			_				
Teache	r:						
Name o	of Parent/Gu	ardian:					
Address:							
E-mail:							-
Phone:							
Mobile:							
Terms an	d Conditions						
(1)	provided by th	perate on a quarte e Ministry of Educ ng the final week o	cation. Sessions	will commence of			
(II) (III)	A fixed sum is	payable each tern nce of class place	m prior to the co	mmencement of			ever be
(IV)	granted in exc Exceptional cir	eptional circumstarcumstarcumstances as no	ances at the dis oted in Clause (	cretion of Lifted L (III) may include,	earning Ltd. but are not lim	ited to, ongoing s	sickness or
(V)		Refunds will not by strives to mainta					vely.
(VI)	Lifted Learning student, and re without refund	g will not tolerate in etains the right to	nappropriate or suspend with o	potentially dange ut notice that stud	erous behaviou dent for a fixed	r on the part of a or indefinite peri	ny one od of time
(VII)	Lifted Learning	reserves the righ tion with that stude			nt and may ma	ike a placement o	conditional
(VIII)	Although Lifted	d Learning will do injuries and accid	all things reaso	nable to ensure t	he safety of yo trol of Lifted Le	our child, you acco earning.	ept the
I		d conditions v		have ack	nowledged	and agree to	adhere to
	ve terms an on program		whenever m	ny child is eni	rolled in a L	ifted Learnin	ıg Ltd.
Signed:							
Date:							