

Khmer Class Enrolment Form

Parent/Guardian's Name (if under 16 years): _____

Name: _____

Day school grade: _____

Sex: _____

DOB: _____

Residence status perm/temp: _____

Regular school day students enroll in: _____

Home Phone: _____

Mobile: _____

Email: _____

Address (if new or changed):

Suburb: _____ Post Code: _____

Signature: _____ **Date:** _____

DONATION

Cash \$ _____ (in person only)

Cheque/Money order enclosed \$ _____ (Please made payable to KHEMARARANGSI BUDDHIST TEMPLE OF ACT INCOPORATED)

Credit Card - Visa/Mastercard only (Please fill out details below)

CREDIT CARD DETAILS (PLEASE COMPLETE IN FULL INCLUDING COST)

Cardholder's Name: _____ **Daytime Telephone (Not Mobile):**

Card Number: _____ **Expiry Date:**

Donation: _____ **Signature:** _____ **Date:**
