

Student Course Selection Form



School Contact Information

School Name	
School Contact Name	
Contact Phone	Contact Email

Student Information

Full Name		
Birth date	Year Level	LUI

Student Course Selections

Course Name	Start Date

The abovementioned Contact (Contact) by signing below confirms they have the relevant authority from the School to enrol the abovementioned Student into the Courses listed above at Australian Christian College - Moreton (ACCM).

The Contact confirms they will be responsible for the Student undertaking the Courses listed above and will be the primary contact for correspondence should the student not complete course requirements on time. Should the Contact's details change ACCM must be notified immediately by the School and provided with new Contact details.

School Contact Signature

Date

Australian Christian College - Moreton (ACCM) will generate for the Student an ACC Student Email Address for communication and access to ACCM's Learning Management System. ACCM reserves the right to withdraw the Student, subject to discussion with the Contact, if the Student breaches Internet and Email behaviour guidelines of both ACCM and the School. By signing below the Student agrees to abide by these guidelines.

Student Signature

Date

Office use only

Authorised by (Name)	Signed	Date
----------------------	--------	------

Please return to:
Small Independent School Support
Australian Christian College Moreton
Locked Bag 6000 Caboolture QLD 4510
Phone 07 5490 6100 Fax 07 5490 6150 Email moreton@acc.edu.au