



Pinnacle Academic College
Strive. Empower. Perform.

ENROLMENT ENQUIRY FORM

Thank you for your interest in seeking enrolment at Pinnacle Academic College.

Please pay the Non-Refundable Family Establishment Fee to the College using the Parent/Carer's FULL name as the Reference.

Then return this form along with confirmation of Establishment fee payment to admin@pac.qld.edu.au. This form needs to be completed for your enrolment to be considered and for your application to proceed.

PINNACLE ACADEMIC COLLEGE BANK DETAILS

Institution: Bank of Queensland

BSB: 124 - 185

Account Name: Akademeia Ltd

Account Number: 23202044

Reference: PARENT'S FULL NAME

Processing of this Enrolment Application will begin once the payment has cleared in the Akademeia Ltd bank account. Credit/debit card facilities are available if preferred. Please contact administration for information.

Once the enrolment inquiry form has been reviewed and a decision made, you will be contacted via email of this decision. If your enrolment is approved, you will be sent the Enrolment Package for completion and return.

DESIRED EDUCATION ARRANGEMENT

- OPTION 1: **(OC)** FULL TIME ON CAMPUS at Kallangur. Years 1-6 (Not available for Prep)
- OPTION 2: **(MF)** PAC MULTIFACETED at Kallangur. Years 1-6 (Not available for Prep) Please specify days below.
- OPTION 3: **(B)** FULL TIME DISTANCE EDUCATION - BRONZE. Years P-6
- OPTION 4: **(S)** FULL TIME DISTANCE EDUCATION - SILVER. Years P-6
- OPTION 5: **(G)** FULL TIME DISTANCE EDUCATION - GOLD. Years P-6

Please refer to the Fee Schedule for more information.

FIRST STUDENT INFORMATION

Family name: _____

First given name: _____

Second given name: _____

Surname if different from family name: _____

Gender: _____

Date of Birth: _____ Year Level: _____

Medical Information: _____

SECOND STUDENT INFORMATION

Family name: _____

First given name: _____

Second given name: _____

Surname if different from family name: _____

Gender: _____

Date of Birth: _____ Year Level: _____

Medical Information: _____

THIRD STUDENT INFORMATION

Family name: _____

First given name: _____

Second given name: _____

Surname if different from family name: _____

Gender: _____

Date of Birth: _____ Year Level: _____

Medical Information: _____

FOURTH STUDENT INFORMATION

Family name: _____

First given name: _____

Second given name: _____

Surname if different from family name: _____

Gender: _____

Date of Birth: _____ Year Level: _____

Medical Information: _____

FAMILY INFORMATION

Residential address: _____

Parent/Carer 1 name: _____

Parent/Carer 2 name: _____

Phone number: _____

Email: _____

ENROLMENT INFORMATION

Desired education arrangement: _____

Please tell us about your child/ren:

Are there any special circumstances PAC should know about prior to enrolment?

I have made full and frank disclosure, answered all questions to the best of my ability, and provided all relevant documentation to assist Pinnacle Academic College in providing curriculum and educational services to the student/s enrolled. I have emailed or attached the receipt for the \$200 NON-REFUNDABLE establishment fee.

Parent/Carer Signature: _____ Date: _____