



Enrolment Form

Applicant Information

Chosen Module: ☐ 1: Persuasive Writing ☐ 2: Fantastic Tales ☐ 3: Writing to Inform

Full Name: _____ Date of Birth: _____
Last First

Address: _____

City Postal Code

Phone: _____ Email _____

What would you like your child to gain from this course?

School Details

School: _____ Child Class: _____

Address: _____

*I give permission for my child to
attend the writing programmes
detailed above*

Dated.
