



DIGI ED PTY LTD

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Digi Ed Presents **Mind Challenge 2011**
Orange East Public School Orange
22nd & 23rd October 2011
9:00 am - 3:00 pm

Mind Challenge Workshops offer challenging and exciting courses for primary school students in NSW Western Region. These workshops are designed to enrich, stimulate and extend children's understandings in a range of subjects and interests. Students are also provided with an opportunity to interact with children of similar abilities and interests.

Students Who May Wish To Apply

Gifted and/or Talented students

Gifted underachievers

Students of above average ability

Students who have a special interest in a particular area

Year Levels

All courses indicate a year level. Students with a very well developed understanding of a particular area may be better suited to a course designed for older students.

Cost

The fee for the Digi Ed Mind Challenge Workshop weekend is \$137.50.

We will be offering the ability to register and to pay via credit card through our website.

<http://www.digied.com.au>

Payment Details are as follows and all payments must be received by the closing date

Closing Date for Applications is Friday, 23rd September 2011

Cheque or money order for \$137.50 payable to;

Digi Ed Pty Ltd
Po Box 996
Kings Langley, NSW, 2147

or

Direct Deposit; (please include
student's name in transfer details)

BSB: 302-100
Account Number: 0873255
Account Name: Digi Ed Pty Ltd
Amount: \$137.50

Enrolment Form		
SECTION 1. GENERAL		
Student's Name		Age
Preferred Name (for name tag)	School	Sex
SECTION 2. PARENT/GUARDIAN CONSENT		
I <input type="text" value="Name"/> , as parent/guardian for the named student: give permission for the named student to participate in the Mind Challenge workshop taking place at Orange East Public School, 45 Spring Street, Orange NSW on 22nd & 23rd October 2011.		
SECTION 3. HEALTH REPORT		
Does the named student have any medical conditions?		
Medical conditions/allergies		
Describe any special care or medication required		
In case of emergency I authorise those in charge to take any steps they may consider necessary for the safety or well-being of the named student, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.		
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
SECTION 4. EMERGENCY CONTACT PERSON during the workshop(s)		
Person 1		
Name:		
Telephone (Work)	Telephone (Home)	Telephone (Mobile)
Person 2		
Name:		
Telephone (Work)	Telephone (Home)	Telephone (Mobile)
SECTION 5. SIGNATURE		
Full Name of Parent/Guardian		
Signature of Parent/Guardian		Date
SECTION 6. Course Selection in order of preference (please choose three)		
Preference 1	Preference 2	Preference 3