



Extension of Enrolment Application Form

This form is to be used by currently enrolled students seeking to extend the study duration of their RED MAKO LEARNING PTY LTD courses. Completion of the form DOES NOT guarantee extension will be granted by RED MAKO LEARNING PTY LTD

- Complete and return this form to the Redmako Schools Team at schoolaccounts@redmako.com.au
- Please send any supporting documents for reason of extension e.g. Medical Certificate.

STUDENT DETAILS:

First Name: _____

Last Name: _____

Email: _____

Course: _____

Mobile: _____

Reason for applying for extension:

Please provide any supporting documents as evidence e.g., medical certificate.

Requested Period of Extension:

Extension of 4 weeks \$200

Extension of 8 weeks \$300

Extension of 12 weeks \$550

Extension of more than 12 weeks TBD

Student Signature: _____

Date: __/__/__

Parent/Guardian Signature: _____

Date: __/__/__

PAYMENT OPTION



Direct Debit from Bank Account

Direct Debit from Credit Card

Direct Deposit (upon approval these details will be provided to you)

1. Direct Debit from Bank Account

I/We request and authorize **REDMAKO LEARNING PTY LTD** to arrange, through its own financial institution, a debit to your nominated account any amount **REDMAKO LEARNING PTY LTD**, has deemed payable by you. This debt or charge will be made through the Bulk Electronic System (BECS) from your account held at the financial institution you have nominated below and will be subject to terms and conditions of the Direct Debit Request Service Agreement. By signing and/or providing us with a valid instruction in request to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangement between you and **REDMAKO LEARNING PTY LTD** as set out in this Request and in your Direct Debit Request Service Agreement

Financial Institution: _____

Branch: _____

Account Name: _____

BSB Number: _____

Account Number: _____

Parent/Guardian Signature: _____

Date: __/__/__

2. Direct Debit from Credit Card

I request REDMAKO LEARNING PTY LTD to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement

Credit Card: Amex Visa Mastercard

Credit Card Number: _____

Expiry Date: _____

Cardholder Name: _____

CVN: _____

Parent/Guardian Signature: _____

Date: __/__/__



WHAT HAPPENS NOW:

- Upon submission of this form, it will be escalated to the REDMAKO LEARNING PTY LTD TRAINING MANAGER for final authorization to approve or deny your application.
- You will be notified in writing of the outcome of the application with 7 working days of receipt of this form.
- If approved the required amount will be processed within 3 working days, please ensure the money is in your account.

OFFICE USE ONLY:

Redmako staff member: _____

Date of contact with student: __/__/__

Are there any outstanding fees: Yes No

Application approved: Yes No

If no, reason why:

Extension fee receipt date: __/__/__

Original completion date: __/__/__

New completion date: __/__/__

Authorised by: _____

Position: _____

Signature: _____

Date: __/__/__