

Campus & Course Information	
Course:	
Campus:	
Term:	
Student Information	
Name:	
Preferred Name:	
National Student Number:	
Date of birth:	
High school year:	
School:	
Gender:	
Email:	
Ethnicity:	
Mobile number:	
Mailing Address:	
International or Domestic:	
Do you live with the effects of a disability or long-term illness which may impact your study?	
Emergency Contact	
Full Name:	
Email:	
Mobile Number:	

In signing this form, I consent to grant YooBee Colleges non-exclusive rights to use the work created by me through the course of my studies with but not limited to, for use in YooBee Colleges publications, advertising, publicity and promotions. Those rights may be exercised in any form during my studies. I also consent for YooBee Colleges to photograph me and to record me in class during my studies for use in promotional videos.

Full Name:

Signature: Date:

If the student is under 18 years old, parent and/or guardian must sign this form as well

Full Name:

Signature: Date: