DECLARATION OF STUDENT ENROLMENTS FOR
PROBLEMO SUBSCRIPTION 2021

|  |  |
| --- | --- |
| **SCHOOL NAME:** |  |
| [**ACARA**](https://asl.acara.edu.au/school-search-from-db)**/**[**NZ SCHOOL ID**](https://www.educationcounts.govt.nz/directories/list-of-nz-schools)**:** |  | **STATE:** |  |
| **SUBURB:** |  | **POSTCODE:** |  |
| **SCHOOL CONTACT NAME:** |  | **PHONE:** |  |
| **EMAIL:** (e.g. jane.smith@school.edu.au) |  |
| **PAYMENT TERM** (Standard 30-day payment term): | I would like it shorter:* Yes – New Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
* No, keep it at 30 days
 |

|  |  |
| --- | --- |
| **Year level** | **Number of students enrolled** |
| Yr 3 (Yr 4 NZ) |  |
| Yr 4 (Yr 5 NZ) |  |
| Yr 5 (Yr 6 NZ) |  |
| Yr 6 (Yr 7 NZ) |  |
| Yr 7 (Yr 8 NZ) |  |
| Yr 8 (Yr 9 NZ) |  |
| Yr 9 (Yr 10 NZ) |  |
| Yr 10 (Yr 11 NZ) |  |
| **TOTAL:** |  |

**School Representative (must be a School Leader):**

Name: .................................................................. Signature: .......................................................

Position: .............................................................. Date: ................................................................

**Reviewed and approved by AMT Representative:**

Name: .................................................................. Signature: .......................................................

Position: .............................................................. Date: ................................................................

Please scan and email signed form to info@problemo.edu.au