

# Student Declaration

Please return signed Declaration by either:

Fax: (02) 4982 2020

Post: Academic & Vocational Training  
PO Box 43 Anna Bay Port Stephens NSW 2316

Academic & Vocational Training is a Registered Training Organisation  
Provider Number 91070

I have read and understood the policies and procedures contained in the student handbook,  
and I agree to all the policies and procedures contained therein.

I agree to abide by the rules and conditions of Academic & Vocational Training Pty Ltd.

Full name of student (Please print)

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Address of student

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Signed .....

Date .....