FORM 7 – APPLICATION TO ENROL STUDENT

STUDENT DETAILS

NAME:  
SURNAME  GIVEN NAME(S)  
DATE OF BIRTH:  
SEX:  [ ] MALE  [ ] FEMALE  
PROPOSED ENTRY YEAR:  20______  YEAR LEVEL:  [ ] K  [ ] PP  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] 9  [ ] 10  
CURRENT SCHOOL:  
Please Note:  If there are any special circumstances involving the student (eg. ill-health, physical disability or known learning problems), notification should accompany this application. Please include copies of any specialist reports with such notification.

PARENT(S) OR GUARDIAN DETAILS

FULL NAME OF FATHER:  
SURNAME  GIVEN NAME(S)  
OCCUPATION:  
RELIGION/ECCLESIA:  
ADDRESS:  
POSTAL ADDRESS  POST CODE  
RESIDENTIAL ADDRESS (IF DIFFERENT)  POST CODE  
CONTACT DETAILS:  
HOME PHONE  WORK PHONE  FAX  MOBILE  EMAIL  
FULL NAME OF MOTHER:  
SURNAME  GIVEN NAME(S)  
OCCUPATION:  
RELIGION/ECCLESIA:  
ADDRESS:  
POSTAL ADDRESS  POST CODE  
RESIDENTIAL ADDRESS (IF DIFFERENT)  POST CODE  
CONTACT DETAILS:  
HOME PHONE  WORK PHONE  FAX  MOBILE  EMAIL  
Who has Legal custody / Guardianship of the child?  [ ] Both Parents  [ ] Father  [ ] Mother  [ ] Guardian  
FATHER’S SIGNATURE  DATE  MOTHER’S SIGNATURE  DATE  
A REGISTRATION FEE OF $20 (INC. GST) IS REQUIRED WITH THIS APPLICATION. CONFIRMATION OF ENROLMENT WILL TAKE PLACE ONLY AFTER INTERVIEW WITH PRINCIPAL. UPON ACCEPTANCE OF YOUR ENROLMENT A $250.00 (NON-REFUNDABLE) ENROLMENT DEPOSIT WILL BE REQUIRED TO SECURE YOUR CHILD’S PLACE IN THE COLLEGE.

Mail completed forms to:  339 Hawtin Road, Forrestfield, WA 6058  
Heritage College Perth Incorporated  Aug 2012  FORM 7, Rev 1.2