



# 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:  YEAR LEVEL:

**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

<small>FATHER'S SIGNATURE</small>	<small>MOTHER'S SIGNATURE</small>
<small>DATE</small>	<small>DATE</small>

**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.**