



ENROLMENT APPLICATION FORM

CHILD'S SURNAME _____ GIVEN NAMES _____

KNOWN AS _____ MALE / FEMALE DATE OF BIRTH ____/____/____

NATIONALITY _____ COUNTRY OF BIRTH _____

LEVEL OF ENTRY (eg Year 7) _____ YEAR OF ENTRY (eg 2009) _____

CHILD'S RESIDENTIAL ADDRESS _____

TOWN _____ STATE _____ POSTCODE _____

CHILD'S PRESENT SCHOOL:

NAME _____ PHONE _____

CHILD RESIDES WITH:

FATHER Y / N OTHER (if other please specify) _____

MOTHER Y / N OTHER (if other please specify) _____

TITLE: _____ SURNAME: _____

PREFERRED NAME: _____

HOME PHONE: _____ SILENT

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

FAX NUMBER: _____

ADDRESSES: (PLEASE COMPLETE IF ANY OF THE FOLLOWING DIFFER FROM CHILD'S RESIDENTIAL ADDRESS ABOVE)

POSTAL: _____

RESIDENTIAL: _____

OCCUPATION: _____

COMPANY: _____

ARE THERE ANY CUSTODY ORDERS APPLICABLE TO THIS CHILD?
YES NO IF YES PLEASE PROVIDE DOCUMENTS WITH THIS ENROLMENT FORM.

DO YOU WISH TO RECEIVE:

Periodical Newsletter: Yes No

TITLE: _____ SURNAME: _____

PREFERRED NAME: _____

HOME PHONE: _____ SILENT

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

FAX NUMBER: _____

ADDRESSES: (PLEASE COMPLETE IF ANY OF THE FOLLOWING DIFFER FROM CHILD'S RESIDENTIAL ADDRESS ABOVE)

POSTAL: _____

RESIDENTIAL: _____

OCCUPATION: _____

COMPANY: _____

ARE THERE ANY CUSTODY ORDERS APPLICABLE TO THIS CHILD?
YES NO IF YES PLEASE PROVIDE DOCUMENTS WITH THIS ENROLMENT FORM.

DO YOU WISH TO RECEIVE:

Periodical Newsletter: Yes No

SIBLINGS

Please list siblings in the family and their ages. If siblings attend Moama Anglican Grammar School, give current year level and their house.

Name: _____ Age: _____ Year: _____ House: _____

Name: _____ Age: _____ Year: _____ House: _____

Name: _____ Age: _____ Year: _____ House: _____

EDUCATIONAL NEEDS

The School must know of any special needs before enrolment so that an accurate determination may be made of whether the School is able to reasonably meet those needs. Failure to disclose special needs may result in termination of enrolment, if the School deems that it cannot adequately cater for the welfare and education of that child and the other children enrolled at the School. (If more space is required, please attach a separate sheet)

If your child has a known disability or impairment (intellectual, physical, hearing, vision, emotional, or other) please specify.

If your child receives support (from tutor, psychologist, physiotherapist, occupational therapist, speech pathologist, integration aide, or other) please specify. _____

If there are any ongoing health concerns relating to your child, please specify. _____

Are there any other special needs that need to be addressed by the School? _____

PARENTS' (GUARDIANS') DECLARATION

I/We (print name/s) _____ & _____

Declare that the information provided in this *Application Form* is true and correct and that any changes to these details will be provided to the School when and if they occur.

Signed _____ & _____

Date ____ / ____ / ____ Relationship to child _____

CONDITIONS OF APPLICATION TO THE SCHOOL

1. An application fee of \$50 must accompany this application form as well as a copy of the child's Birth Certificate. This fee is non-refundable. (cheque or complete credit card details below).
2. Enrolment interviews with the parent/s and child are usually conducted from March in the year prior to enrolment. If enrolment offer is made, acceptance is confirmed by completion of an Enrolment Acceptance Form accompanied by a non-refundable Enrolment Acceptance Fee of \$200 per CHILD by the date specified in the letter of offer.

Please return this application form, with a copy birth certificate and fee to:

**The Principal
Moama Anglican Grammar School
(2 Kirchhofer Street)
PO Box 786
MOAMA NSW 2731**

p: (03) 5480 5900

f: (03) 5480 1313

e: info@moamagrammar.nsw.edu.au

Payment Method:

Chq Credit

Amount \$ _____

Credit Card Details: No. _____ - _____ - _____ - _____

Exp ____ / ____

Name on Card: _____

Cheques should be made payable to Moama Anglican Grammar Ltd

Signature _____

Office Use Only:

Application

Pd: .../.../... Rec.No:D/B Let: .../.../... Interv. .../.../...am/pm