



ENROLMENT APPLICATION FORM

CHILD'S SURNAME _____

GIVEN NAMES _____

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/ PRESCHOOL:

NAME _____ PHONE _____

CHILD RESIDES WITH:

PARENT / GUARDIAN 1: Y / N / OTHER (if other please specify) _____

PARENT / GUARDIAN 2: Y / N / OTHER (if other please specify) _____

TITLE: _____ SURNAME: _____

PREFERRED NAME: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ SILENT

BUSINESS PHONE: _____

ADDRESS TITLE: _____

RELATIONSHIP TO CHILD
(Eg. Mother / Father / Step-parent / etc): _____

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

POSTAL: _____

RESIDENTIAL: _____

OCCUPATION: _____

COMPANY: _____

ARE THERE ANY COURT 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: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ SILENT

BUSINESS PHONE: _____

ADDRESS TITLE: _____

RELATIONSHIP TO CHILD
(Eg. Mother / Father / Step-parent / etc): _____

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

POSTAL: _____

RESIDENTIAL: _____

OCCUPATION: _____

COMPANY: _____

ARE THERE ANY COURT 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 give current year level and their house.

Name: _____ DOB: ___/___/___ Year: _____ House: Chanter / Martin / Meninya / Perricoota

Name: _____ DOB: ___/___/___ Year: _____ (For current families only - please circle.)

Name: _____ DOB: ___/___/___ Year: _____

EDUCATIONAL NEEDS

The School needs to consider any special needs which may impact on a child's education. Does your child have any special needs (eg health, disability or learning / behaviour needs, including gifted) which the school needs to consider in providing an education for your child? (If more space is required, please attach a separate sheet)

If your child has special needs, learning difficulty, a disability or behavioural issues, 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 medical or health concerns relating to your child that could impact on his / her education, 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. I/We understand that failure to disclose special needs may result in termination of enrolment.

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 in the year prior to enrolment. If an enrolment offer is made, acceptance is confirmed by completion of an Enrolment Acceptance and Data Collection Form accompanied by an Enrolment Fee of \$1,000 per child (refer to Fee Schedule) 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
(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:

Cheque Credit Amount \$ _____

Credit Card Details: No. _____ - _____ - _____ - _____ Exp ____ / ____

Name on Card: _____

Cheques should be made payable to Moama Anglican Grammar Ltd

Signature _____

Office Use Only:
Last updated: 05/06/2015
Application

Pd: .../.../... Rec.No:D/B Email ack: .../.../...

Grammar Experience date:
M T W Th F with

Interv. / /am/pm