ST. ANDREW’S GRAMMAR
A CO-EDUCATIONAL SCHOOL RUN UNDER THE AUSPICES
OF THE HELLENIC COMMUNITY OF WA INC.

APPLICATION FOR ADMISSION

4 Hellenic Drive
DIANELLA WA 6059

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www.sag.wa.edu.au

ABN: 41 939 014 428
STUDENT INFORMATION

Proposed St. Andrew’s Grammar Year Level of Entry (Kindergarten to Year 12) ___________ for 20_______

Surname ____________________________________________________ Name ____________________________

Preferred Name ____________________________ Sex M / F Date of Birth _______ / _______ / _______

Current Year Level and School (if attending) ________________________________

Country of Birth ___________________________________________ Australian Citizen [ ] Yes [ ] No

Ethnicity ______________________________________________________

Aboriginal [ ] Yes [ ] No Torres Strait Islander [ ] Yes [ ] No

Main Language Spoken __________________________________________ Other Languages Spoken ________

Date & Church where baptised ___________________________ Religion _________________________

Special needs? [ ] Yes [ ] No If yes see Medical Information

International Student? [ ] Yes [ ] No If yes please attach a copy of the Visa & Passport

Visa Type and Number ___________________________ Passport Number ______________________

Date of Entry ___________________________ Country of Issue __________________________

FAMILY DEMOGRAPHICS

Student resides with [ ] Both Parents [ ] Both Parents Shared Custody [ ] Mother [ ] Father [ ] Guardian/s

Siblings – please include children that have either previously attended (P), are currently (C) attending or are a prospective (F) student of St. Andrew’s Grammar:

Full Name Date of Birth P C F Proposed Enrolment

_________________________________________ ___________________________ _______ 20_______

_________________________________________ ___________________________ _______ 20_______

Other family/relatives that have currently or previously attended ____________________________

MEDICAL INFORMATION

For students with special needs a Supplementary Enrolment Form for Students with Special Needs must also be completed and submitted. This form can be provided upon request. Please detail any medical conditions which may have an effect on your child’s education. Note failure to disclose this information will negate this application.

_________________________________________ ____________________________________________

ADMINISTRATION USE ONLY

Enrolment Category 1 2 3 4 5 6 7

Interview to be Offered [ ] Yes [ ] No Principal’s Signature __________________________

[ ] Admission Fee of $33.00 Date ________________ Receipt Number ____________

L 1 2 3 4 MAZE [ ] F [ ] C
DOCUMENTS ATTACHED TO THIS APPLICATION FOR ADMISSION

The School requires copies of the following documents with your application. Please check the boxes below to acknowledge that copies have been attached.

[ ] Birth Certificate or current Passport  [ ] Any relevant custodial documents
[ ] Immunisations records  [ ] Certificates of any academic testing (eg. NAPLAN)
[ ] Most recent school reports (2 years if possible)

MOTHER or LEGAL GUARDIAN

Mrs/Miss/Ms/Dr Surname ___________________________ Mother’s Name ___________________________

Religion ___________________________ Australian Citizen [ ] Yes  [ ] No

Residential Address*

Suburb ___________________________ Postcode ___________ Mobile ___________________________

Telephone (work) ___________________________ Telephone (home) ___________________________

Email** please print clearly ___________________________

FATHER or LEGAL GUARDIAN

Mr/Dr Surname ___________________________ Father’s Name ___________________________

Religion ___________________________ Australian Citizen Yes [ ] No [ ]

Residential Address*

Suburb ___________________________ Postcode ___________ Mobile ___________________________

Telephone (work) ___________________________ Telephone (home) ___________________________

Email** please print clearly ___________________________

*If more than one address has been provided please circle preferred mailing contact Mother / Father / Guardian
**Email contact is used for the distribution of the School Newsletter Hermes and some parent notes.

I/We the undersigned request that the child named on this Application for Admission be considered for enrolment to St. Andrew's Grammar. We have read the School’s literature contained within and agree to fully support the School’s philosophy and objectives and agree to be bound by the Rules, Regulations and Conditions for Admission of governing the School. We agree that our child will fully participate in prescribed school activities including religious activities and extra-curricular activities as and when they arise.

We accept responsibility for school fees and other financial liabilities incurred and understand that a full term’s notice in writing to the Principal is required of the intention to withdraw the child named on this Application for Admission from the School and that failure to do so will necessitate the charge of one quarter of the annual tuition fee.

Signature of Parent/Guardian ___________________________ Date ___________________________

Signature of Parent/Guardian ___________________________ Date ___________________________