



ST. ANDREW'S GRAMMAR

K-12 Co-education

Application for Admission

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

Do you identify as:

Aboriginal [] Yes [] No Torres Strait Islander [] Yes [] No (for funding purposes)

Main Language Spoken _____ Other Languages Spoken _____

Religion _____

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

Visa Type and Number _____ Passport Number _____

Country of Issue _____ Date of Entry _____

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	Please tick			Proposed Enrolment
		P	C	F	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year _____ 20_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year _____ 20_____

Other family/relatives that have currently or previously attended

MEDICAL & SPECIAL NEEDS INFORMATION

Please detail any medical conditions or special needs your child has that may affect their education. Failure to disclose this information may negate this application. Please note we may require more detailed information during the enrolment process.

Psychological	Y <input type="checkbox"/>	N <input type="checkbox"/>	Physical	Y <input type="checkbox"/>	N <input type="checkbox"/>
Behavioural/Safety	Y <input type="checkbox"/>	N <input type="checkbox"/>	Communication	Y <input type="checkbox"/>	N <input type="checkbox"/>
Mobility	Y <input type="checkbox"/>	N <input type="checkbox"/>	Sensory (e.g. Vision/Hearing)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Cognitive (Gifted & Talented or Learning Difficulties)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Other	Y <input type="checkbox"/>	N <input type="checkbox"/>

*In order to best assist your child's education and provide the appropriate level of support we require the Supplementary Enrolment Form to be completed if you have ticked **Yes** on any of the boxes above. This form is available from our website or from the school upon request.*

PARENTS/GUARDIAN DETAILS

*****Only complete both sections if both parents or all guardians are able to sign this application form*****

MOTHER or LEGAL GUARDIAN

Mrs/Miss/Ms/Dr Surname _____ Mother's Name _____

Religion _____ Australian Citizen [] Yes [] No

Residential Address* _____

Suburb _____ Postcode _____

Mobile Number _____

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 Number _____

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 and some parent notices.*

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 school term of the annual tuition fee.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

DOCUMENTS ATTACHED TO THIS APPLICATION FOR ADMISSION

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

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate or current Passport | <input type="checkbox"/> Any relevant custodial documents |
| <input type="checkbox"/> Immunisation records | <input type="checkbox"/> Certificates of any academic testing (eg. NAPLAN) |
| <input type="checkbox"/> Most recent school reports (2 years if possible) | <input type="checkbox"/> Supplementary Enrolment Form (if required) |

ADMINISTRATION USE ONLY

Admission Fee of \$50.00 **Date** _____ **Receipt Number** _____ **MAZE** F C