



# 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 as provided. We agree that our child will fully participate in prescribed school activities including religious activities and extra-curricular activities as and when they arise.

I/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.

I/We acknowledge that we have provided all information requested by the school to the best of our knowledge and that a failure to disclose all information requested may result in this application being refused or cancelled.

#### PRIVACY COLLECTION NOTICE

Under the Privacy Act (the Act) St Andrew's Grammar is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in your Privacy Policy which is available on the schools public website [www.sag.wa.edu.au](http://www.sag.wa.edu.au) and also available upon request from the School Office. Our Privacy Policy describes:

- Who we collect information from
- The types of personal information collected and held by us;
- How this information is collected and held;
- The purpose for which your personal information is collected, held, used and disclosed;
- How you can gain access to your personal information and seek its correction;
- How you may complain or inquire about our collection, handling, use or disclosure of your personal information and how that complaint or inquiry will be handled; and
- Whether we are likely to disclose your personal information to any overseas recipients.

\*\*We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content you should contact the Principal

**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**