

GAWURA CAMPUS ENROLMENT APPLICATION



**ST ANDREW'S
CATHEDRAL
SCHOOL**
Founded 1885

1. STUDENT INFORMATION

Surname: Given Name/s:

Preferred name in conversation: Gender: Male Female

Point of Entry: Calendar Year: Year: Term if other than 1st:

Date of Birth: / / Religion: Parish (if applicable):

Country of Birth:

Residential Address:

.....

..... Postcode:

Residential Telephone: Residential Fax:

Student resides with: Both parents One Parent Guardian Homestay

2. PARENT/S INFORMATION

(A) Father:

Title: Surname: Given Name/s:

Occupation: Job Title:

Employer: Religion: Church Affiliation:

Residential Address:

.....

..... Postcode:

Telephone: Home: Work: Mobile:

Email: Home: Business:

(B) Mother:

Title: Surname: Given Name/s:

Occupation: Job Title:

Employer: Religion: Church Affiliation:

Residential Address:

.....

..... Postcode:

Telephone: Home: Work: Mobile:

Email: Home: Business:

(C) Guardian / Homestay Details:

Title: Surname: Given Name/s:
Occupation: Job Title:
Employer: Religion: Church Affiliation:
Residential Address:
.....
..... Postcode:
Telephone: Home: Work: Mobile:
Email: Home: Business:

2.2 ACCOUNTS INFORMATION (Please indicate address for accounts)

Title: Surname: Given Name/s:
Postal Address:
..... Postcode:

2.3 APPLICATION DECLARATION

- 1. I/We request that the above student be considered for admission to St Andrew’s Cathedral School - Gawura Campus.
- 2. I/We accept that the student will respect and observe the guidelines outlined in the School’s Code of Behaviour
- 3. I/We have read and understand the School’s Policy on Privacy.
- 4. I/We certify that the information given herein by me is true and correct
- 5. I/We undertake to be responsible for the payment of all tuition fees and ancillary charges in the event of non-payment by the person named in Section 2.2.

Signature of both Parents (or the Guardian)

.....
Print Name:	Relationship to Student:	Signature:
.....
Print Name:	Relationship to Student:	Signature:

Please note:

- 1. If the Account Debtor in Section 2.2 is different from the Parents, please provide a letter, signed and dated by the nominated Debtor, acknowledging acceptance of the payment of all tuition fees and ancillary charges.
- 2. Accounts cannot be split.
- 3. This application requires the signature of **BOTH** parents or the guardian. If both parents signatures are not present, please indicate the circumstances.
- 4. Please advise of any special family circumstances such as family separation (attach copies of any Parenting or Court Orders).

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CHECK LIST (Please ensure the following are completed before submitting the student’s application)

Checklist for ALL applications:

- Complete and sign the Enrolment Application Form
- Include the student’s last three (3) school reports
- Read the School’s policy on Privacy

Additional requirement for K-2 Enrolment:

- A copy of the student’s Immunisation History Statement



3. EDUCATION

Present School: Year: Dates:

Previous School/s: Year: Dates:

Siblings: List other children in order of age, eldest first:

Name:	Gender:	Age:	School:	Grade:
.....
.....
.....
.....

Student's learning strengths (academic or social):

Student's learning areas of need (academic or social):

Other relevant information:

4. MEDICAL INFORMATION

Please indicate any medical details of which the School should be aware:

Asthma: Hearing:

Allergies: Heart:

Attention Deficit Disorder: Speech:

Disabilities: Sight/Contact Lenses:

Diabetes: Epilepsy:

Details of above or other conditions:

Hospital History:

Details of any regular medication:

Special medical details or any other information we need to know to assist us to support your child's learning:

5. EMERGENCY CONTACT: Emergency contacts (other than parent) **must** reside in Sydney

Please provide daytime contact details:

1. Name: Relationship to student:

Telephone: Home: Work: Mobile:

2. Name: Relationship to student:

Telephone: Home: Work: Mobile:



