

#### OTHER INFORMATION

There is no obligation to complete this section, however, your answers will assist us in improving our service.

What brought Strathcona to your attention? Please tick the appropriate boxes.

- Family
- Friends
- News items
- Open days/tours
- Website
- Employer
- Advertisements or promotional materials
- Newspaper
- Other – please specify: \_\_\_\_\_

What prompted you to enrol your child at Strathcona?

\_\_\_\_\_

#### PLEASE RETURN

1. This completed and signed Application of Enrolment
2. A photocopy of your child's birth certificate – to be retained by the School
3. The required deposit

Strathcona Baptist Girls Grammar School is a registered provider on the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS) – Provider Number 00577C

#### FOR OFFICE USE ONLY

Year of Entry: \_\_\_\_\_

Program Requested: \_\_\_\_\_

Registration Fee:  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Confirmation Levy:  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Strathcona Baptist Girls Grammar School is bound by the National Privacy Principles contained in the Commonwealth Privacy Act regarding how the School manages personal information provided to, or collected by it. A copy of the School's policy is available on request.

# Application for Enrolment Early Learning Centre



# STRATHCONA

## BAPTIST GIRLS GRAMMAR SCHOOL

34 Scott Street, Canterbury, Victoria, Australia 3126

Telephone: (+613) 8779 7500

Facsimile: (+613) 9888 5440

Email: [registrar@strathcona.vic.edu.au](mailto:registrar@strathcona.vic.edu.au)

Website: <http://www.strathcona.vic.edu.au>

**CHILD'S DETAILS**

**FAMILY NAME:** ..... **GIVEN NAME/S:** .....

**DATE OF BIRTH:** ...../...../..... **GENDER:** FEMALE / MALE

**PLEASE INDICATE THE PROGRAM/S THAT YOU ARE INTERESTED IN (in order of preference)**

- |  |                          |            |
|--|--------------------------|------------|
| Sessional 3 year-old (2 days – Tuesday & Thursday)         | <input type="checkbox"/> | Year ..... |
| Sessional 3 year-old (3 days – Monday, Wednesday & Friday) | <input type="checkbox"/> | Year ..... |
| Sessional 4 year-old (2 days – Tuesday & Thursday)         | <input type="checkbox"/> | Year ..... |
| Sessional 4 year-old (3 days – Monday, Wednesday & Friday) | <input type="checkbox"/> | Year ..... |
| Pre-Prep (Full-time – 5 days)                              | <input type="checkbox"/> | Year ..... |

**Is your daughter already enrolled to enter Strathcona? If yes,**

**Year Level** ..... **Year** .....

**If not, do you intend enrolling your daughter into Prep at Strathcona? Yes/No**

**SPECIAL NEEDS**

**Are you aware of any special needs your child may have? Yes / No**

**If yes please provide further details:**

.....  
 .....

**PARENTS or GUARDIANS**

**FATHER**

**MOTHER**

<b>Family Name</b> .....	.....
<b>Given Names:</b> .....	.....
<b>Home Address:</b> .....	.....
.....	.....
<b>Postcode:</b> .....	<b>Postcode:</b> .....
<b>Home Phone:</b> .....	.....
<b>Business Phone:</b> .....	.....
<b>Mobile:</b> .....	.....
<b>Email:</b> .....	.....
<b>Occupation:</b> .....	.....
<b>Employer's Name:</b> .....	.....

*Parents' preferred titles for correspondence and current mailing address*

.....  
 .....

**FAMILY:**

**Sisters/Brothers who have attended Strathcona:**

**Name:** ..... **Year Level** .....

**Name:** ..... **Year Level** .....

**Sister/s currently attending Strathcona:**

**Name:** ..... **Year Level** .....

**Name:** ..... **Year Level** .....

**If mother/guardian attended Strathcona, please provide the following information:**

**Maiden Name:** .....

**Final Year & House:** .....

**DECLARATION:**

**I/We agree that:**

- (a) We will co-operate with the School in matters of School management and discipline and acknowledge that this co-operation is important for the well-being and progress of our child.
- (b) We will be bound by the rules and regulations of the School which may be in force from time to time.
- (c) We have read the School's Business Letter, understand the same and agree to be bound by its provisions.

**We certify that the information given in this Application for Enrolment is true and correct.**

**This application requires the signature of both parents. If both signatures are not appended, the circumstances should be indicated. If parents are divorced or separated, only one signature is required if there is proof of sole custody or residency order. Signatories should be aware that by signing this form they agree to be jointly and severally responsible for all fees.**

**Signature of Father:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Mother:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (if applicable)