

application for enrolment

early learning centre

Student details

Please complete in block letters

Family Name: _____

Given Name/s: _____

Date of Birth: / / Country of Birth: _____

Gender: Female Male (*Pre-Prep only*)

Is your child: an Australian Citizen? Yes No

a permanent resident of Australia? Yes No

a temporary resident of Australia? Yes No

Entry Year (*e.g. 2016*): _____

Sessional 3 Year-old (*2 or 3 days*)

Sessional 4 Year-old (*3 or 4 days*)

Pre-prep (*full-time 5 days*)

Is your child already enrolled to enter Strathcona in the future? Yes No

If yes, please provide further details. _____

Year Level: _____

Entry Year: _____

If no, do you intend enrolling your daughter into Prep at Stathcona? Yes No

What languages are spoken at home? _____

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

If yes, please indicate below, by placing a tick in the appropriate box:

English as a second language Learning needs Medical condition

Please attach any relevant information: _____

Parent details

Please complete in block letters

Father/Guardian's contact details

Title (*Mr/Dr/other*): _____

Family Name: _____

Given Name/s: _____

Home Address: _____

Postcode: _____

Home Phone: _____

Employer's Name: _____

Occupation: _____

Business Phone: _____

Fax: _____

Mobile: _____

Email: _____

Mother/Guardian's contact details

Title (*Mrs/Ms/Dr/other*): _____

Family Name: _____

Given Name/s: _____

Home Address: _____

Postcode: _____

Home Phone: _____

Employer's Name: _____

Occupation: _____

Business Phone: _____

Fax: _____

Mobile: _____

Email: _____

The child lives with:

Both parents Mother Father Other: _____

Address for correspondence if different from above: _____

Postcode: _____

Religious Affiliation: _____

School connections

If applicable please complete the appropriate sections below

Sibling/s:

Names

1. _____ <input type="checkbox"/> Previously attended Strathcona <input type="checkbox"/> Current student - Year Level: _____ <input type="checkbox"/> Enrolled - to commence in: _____ <input type="checkbox"/> Not enrolled	2. _____ <input type="checkbox"/> Previously attended Strathcona <input type="checkbox"/> Current student - Year Level: _____ <input type="checkbox"/> Enrolled - to commence in: _____ <input type="checkbox"/> Not enrolled
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Other relatives:

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

Maiden Name: _____	Final Year & House: _____
Other family members who have attended Strathcona:	
Relationship: _____	Maiden Name: _____
Final Year & House: _____	
Relationship: _____	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) If our child is transferring from another school, we authorise Strathcona to obtain from that school such credit or other information that may be required.
- (d) 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.

The following field requires signatures by hand.

Signature of Father: _____	Date: / / _____
Signature of Mother: _____	Date: / / _____
Signature of Guardian (if applicable): _____	Date: / / _____

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 appropriate boxes.

Family

Friends

News items

Open days/tours

Website

Employer

Advertisements or promotional materials

Other (*please specify*) _____

What prompted you to enrol your child at Strathcona?

Please return

1. This completed and signed Application for Enrolment
2. A photocopy of your child's birth certificate (*to be retained by the School*)
3. A copy of your child's Immunisation History Statement (*you can request this from the Australian Childhood Immunisation Register on 1800 653 809 or acir@medicareaustralia.gov.au or login to your online Medicare account*)
4. The completed Fee Deposit Form (*found on the next page*)

Please send the above to: Director of Enrolments and Development
Strathcona Baptist Girls Grammar School
34 Scott Street
CANTERBURY VICTORIA 3126
or Email: registrar@strathcona.vic.edu.au

Disclaimer

Strathcona would like to keep in touch with you, to update you on relevant news or insights into girls' education. As part of continually improving the Strathcona experience we may also contact you to gain your feedback on your contact with us.

If you **do not agree** to be sent marketing materials or possibly contacted in future by Strathcona or our agency partners, please tick this box to opt out of future communications.

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

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.

For office use only

ACC: _____

W/L: _____

W/F: _____

Reg Pd: _____

Amount: _____

C/L Pd: _____

Amount: _____

fee deposit form

early learning centre

Please note that the Enrolment Fee of \$50 is payable for each child.

Student details

Student Name(s): _____

Address: _____

Postcode: _____

Entry Level & Year (e.g. ELC, 2016): _____

Payment

Please choose a payment type

- I am enclosing a cheque for \$50 (*per child*) being payment of the enrolment administration fee for Strathcona ELC.
- I give authority for my credit card to be debited with \$50 (*per child*) being payment of the enrolment administration fee for Strathcona ELC.

Name of Cardholder: _____

Amount: \$ _____

Credit Card Type (*please tick*):

- Mastercard
- Visa
- American Express

*Amex cards incur a 1% surcharge. This surcharge will be added to the payment amount.

Card Number:

Expiry Date: / / _____

Signature: _____

This field requires a signature by hand.