

GEORGIANA MOLLOY ANGLICAN SCHOOL



APPLICATION FOR ADMISSION

STUDENT INFORMATION

First name	Last name	M/F	Date of Birth	Place/Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year level entry	Year of entry			
<input type="text"/>	<input type="text"/>			
Current school				Year/Grade
<input type="text"/>				<input type="text"/>
Religious Affiliation	Baptised		Baptism Date	
<input type="text"/>	Yes <input type="text"/>	No <input type="text"/>	<input type="text"/>	
Is the student of Aboriginal or Torres Strait Islander origin?	Aboriginal <input type="text"/>	Torres Strait Islander <input type="text"/>	Not applicable <input type="text"/>	

DETAILS OF PARENTS/CARERS

Parent/Carer 1

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	Postcode	
<input type="text"/>	<input type="text"/>	
Postal address (if different from above)	Postcode	
<input type="text"/>	<input type="text"/>	
Email address	Phone no.	
<input type="text"/>	<input type="text"/>	
Employer	Occupation	
<input type="text"/>	<input type="text"/>	

Parent/Carer 2

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	Postcode	
<input type="text"/>	<input type="text"/>	
Postal address (if different from above)	Postcode	
<input type="text"/>	<input type="text"/>	
Email address	Phone no.	
<input type="text"/>	<input type="text"/>	
Employer	Occupation	
<input type="text"/>	<input type="text"/>	

GUARDIANSHIP

With whom does the child live?

MEDICAL INFORMATION

In order to assist the school in caring for your child, please provide medical details of disabilities or illnesses which may affect your child's education.

Are your child's immunisations up-to-date?

Yes

No

LEARNING SUPPORT

Please list any special learning needs your child may have.

OTHER CHILDREN IN THE FAMILY (A SEPARATE APPLICATION FORM MUST BE COMPLETED FOR EACH CHILD)

Name	Date of Birth	Current school	Current year level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Date of Birth	Current school	Current year level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Date of Birth	Current school	Current year level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Date of Birth	Current school	Current year level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT PARTICIPATION IN THE SCHOOL

On accepting an offer of a place for their child, parents agree to take on a shared responsibility to assist the school in achieving its spiritual and educational goals. The school aims to provide an environment where parents and friends have opportunities to contribute to the life of the school.

Assistance is required in areas such as Café, Resource Centre, co-curricular activities, working-bees, school camps, excursions and at P&F run events. The talents of parents will, as far as possible, be utilised in whatever areas they are offered. While acknowledging that parents are in various situations with regard to the time they can make available to Georgiana Molloy Anglican School, a positive commitment to provide some assistance is required if an offered place is accepted.

Signature

Date

Signature

Date

MARKETING INFORMATION

How did you learn about Georgiana Molloy Anglican School?

Family Friends/word of mouth Advertising Google search Website Open day/tour

Other

What prompted you to enrol at Georgiana Molloy Anglican School?

Referral from family/friend/neighbour Reputation of the School Continuing family tradition

Wide ranges of choices/opportunities Christian beliefs and values Academic excellence

Other

PAYMENT OF APPLICATION FEE

Cheque Credit Card

Name on card

Card number

Expiry date

Payment amount

Date

Signature of card holder

\$

CHECKLIST

- Completed Application Form (one per child) to be returned to via the options listed on the back page of this page
- Completed Testimonial Form (if applicable)
- (Non-refundable) Application Processing Fee of \$75
- Copies of your child's previous two school reports (if applicable)
- An up-to-date copy of your child's immunisation records (available from Medicare)

I/We hereby apply for the above-named child to be enrolled at Georgiana Molloy Anglican School. *(Both parents/carers must sign)*

Signature

Date

Signature

Date

OFFICE USE ONLY

Application Date

Receipt no.

Cash/Cheque/Card

\$

TESTIMONIAL

The School's Admission Policy allows preference to children of families who are able to demonstrate an ongoing church attendance. Please complete this section if it is applicable to your situation.

PART A

Student name

Religious affiliation

Church membership status:

Baptised

Welcomed to Holy Communion

Confirmed

Other (please specify)

Name of church/congregation

Name of Priest/Minister

PART B

To be completed by the Priest or Minister in all cases where a student and/or the family has a Church affiliation.

The above student's family:

Is known personally to me

Yes

No

Participates in worship

Frequently

From time to time

The student concerned:

Is known personally to me

Yes

No

Participates in worship

Frequently

From time to time

Participates in other Church related activities (please specify)

Signature of Minister

Date

Please complete this form and return by post, email or in person to:

Georgiana Molloy Anglican School
PO Box 920, Busselton WA 6280
2 Hawker Approach, Yalyalup WA 6280
 (08) 9752 5252
 enquiries@gmas.wa.edu.au