



Office Use: Application Received: _____ Synergetic Code: _____

Student Details

Name: _____
(Family Name) (Given/Christian Names) (Preferred Name)

Date of Birth: _____ Sex: Male / Female / Other/Not stated/Inadequately described

Religion/Denomination: _____

Calendar Year of Admission: _____ Academic Year: (eg Year 7) _____ Day / Boarding

Present Academic Year: _____ Present School: _____

Nationality: _____ Country of Birth: _____

(Note: Copy of Full Birth Certificate is required)

Language Spoken at Home: _____

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Residency Status:

Australian Citizen Permanent Resident Temporary Residency Full Fee Paying Overseas Student

Visa Category: _____ Visa No: _____ Visa Expiry: _____

(Note: Copy of Visa and Passport required)

Parent / Guardian One

Title: _____ Name: _____ Date of Birth: _____
(Family Name) (Given/Christian Names)

Postal Address: _____ Postcode: _____

Residential Address: _____ Postcode: _____

Contact Numbers: Home () _____ Mobile _____ Business () _____

Email: _____

Occupation: _____

Parent / Guardian Two

Title: _____ Name: _____ Date of Birth: _____
(Family Name) (Given/Christian Names)

Postal Address: _____ Postcode: _____

Residential Address: _____ Postcode: _____

Contact Numbers: Home () _____ Mobile _____ Business () _____

Email: _____

Occupation: _____

Custody / Guardianship

Parent/Guardian with whom student lives (Both parents/Mother/Father/Other – please specify)

Name of person(s) with legal guardianship of the student: _____

Is a Parenting, Family Law or Restraint Order in place? Yes / No (If so, please attach a copy)

Any other conditions enforced at law? _____

Please list any special family circumstances of which the School needs to be aware in order to provide maximum support to the student (eg parent/s deceased, parents separated or divorced). Please provide copies of relevant documents, including court orders.

Fees

Person (s) responsible for payments of fees (if other than parents):

Name: _____

Email: _____

Affiliation with Bunbury Cathedral Grammar School

Siblings currently attending/enrolled to attend/previously attended the School:

_____	_____	_____
(Name)	(Calendar Years attended/to attend)	(House)

_____	_____	_____
(Name)	(Calendar Years attended/to attend)	(House)

Parent One is a former student of the School (Old Grammarian):

_____	_____
(Calendar Years attended)	(House)

Parent Two is a former student of the School (Old Grammarian):

_____	_____
(Calendar Years attended)	(House)

Any other connection? _____

Siblings currently attending other schools

_____	_____	_____
(Name)	(Year Level)	(School)

_____	_____	_____
(Name)	(Year Level)	(School)

Emergency Contact Details

To be used only when attempts to contact parents are unsuccessful.

1) Name: _____

Relationship to student: _____

Contact Numbers: Home () _____ Mobile _____ Business () _____

2) Name: _____

Relationship to student: _____

Contact Numbers: Home () _____ Mobile _____ Business () _____

Medical Details

The Public Health Act 2016 (WA) and the School Education Act 1999 (WA) stipulates that enrolment of a child in a Pre-kindergarten or Kindergarten school requires the provision of an up to date AIR Immunisation History Statement. Please provide a copy of your child's Immunisation History Statement, no more than two months old. The statement can be downloaded from MyGov by logging into your Medicare Online Account.

Whilst it is not a condition for enrolment in Years 1 to 12, the School asks that you provide an update to AIR Immunisation History Statement as part of your child's medical history to assist staff with student care and to enable the School to comply with reporting requirements by the Public Health Regulations 2017 in relation to immunisation and notification of infectious diseases.

If your child is exempt because of particular family circumstances please state the criteria for this exemption.

Does your child have any health issues which may impact on your child's involvement in School activities (eg. Asthma, Allergies, Crohn's Disease, etc)? Please provide up to date Asthma and ASCIA action plans:

Additional Information

The School Education Act (1999) makes it compulsory, if asked, for parents to provide information about their child's special educational needs. Does your child have a disability or impairment (eg. intellectual, physical, hearing, vision or emotional)? If so, please briefly describe. Include any condition, major or minor, which may impact on your child's educational needs (eg. ADD/ADHD, vision problem, hearing problem, cerebral palsy, dyslexia, autism etc).

For Overseas Applicants only - Parent applying for Student Guardian Visa

(For students not residing in Boarding, a parent must be accompanying the child and live locally)

Title: _____ Name of Parent: _____
(Family Name) (Given/Christian Names)

Postal Address: _____ Postcode: _____

Residential Address: _____ Postcode: _____

Contact Numbers: Home () _____ Mobile Business () _____

Email _____

Occupation: _____

Marketing Information

We would be grateful if parents could also complete the following brief section which will assist us in serving our families.

How did you learn about Bunbury Cathedral Grammar School?

- Family Friends Advertisement News item
 Website Open Day/Tour Employer Other: _____

What prompted you to enrol at Bunbury Cathedral Grammar School?

- Referral from family/friend/neighbour Reputation of the School Continuing family tradition
 Wide ranges of choices/opportunities Entry open to all Academic excellence
 Christian beliefs and values regardless of ability or backgrounds
 Other: _____

Have you visited Bunbury Cathedral Grammar School before? Yes / No

Privacy

The School is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. A copy of the Privacy Policy and Standard Collection Notice can be viewed on the School's website.

I / We apply for my / our child to be enrolled at Bunbury Cathedral Grammar School.

To the best of my / our knowledge the above information is complete and correct. I / We acknowledge and agree that if we knowingly withhold information relevant to the enrolment process or have knowingly incorrectly completed this application form, the School may refuse or terminate the enrolment of my / our child.

Signatures:

(Mother/Guardian One Signature)

(Father/Guardian Two Signature)

Date

Enrolment Form Checklist

Completed Enrolment Forms with the following attachments should be submitted to:

Enrolments Office, Bunbury Cathedral Grammar School, PO Box 1198, Bunbury WA 6231 Email: enrol@bcgs.wa.edu.au

- A copy of the child's full birth certificate.
 A non-refundable Enrolment fee of \$110 payable to Bunbury Cathedral Grammar School.
 If your child was born outside of Australia but is now a citizen, provide a copy of the Citizenship Certificate.
 For temporary and permanent residents of Australia, please attach a photocopy of your child's passport.
 Any applicable Court Orders.
 For temporary and permanent residents Australia, please attach a photocopy of your child's visa.

Payment Options

Application forms should be submitted with the \$110 Enrolment Fee.

Cash, cheque, money orders and credit cards are acceptable methods of payment. Alternatively, payment can be made online: www.bcgs.wa.edu.au/onlinepayment

Cheques and money orders should be made payable to Bunbury Cathedral Grammar School.

Credit Card Details: Visa Mastercard

No:

Expiry Date: ____/____/____ Card Name: _____ Signature: _____