

# Enrolment APPLICATION

## Child's Name (a separate application form is needed for each child)

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Please provide a copy of child's birth certificates when submitting this application)

### Parent 1/Guardian Details

Title *Dr/Mr/Mrs/Ms/Miss* \_\_\_\_\_

Full name \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Home Fax \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Parent 2/Guardian Details

Title *Dr/Mr/Mrs/Ms/Miss* \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Home Fax \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Child's Details

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Gender  Male  Female

Country of Birth \_\_\_\_\_

Current Child Care/Kindergarten \_\_\_\_\_

Child's Medical History \_\_\_\_\_

Additional Needs \_\_\_\_\_

*Please turn over*



Beaconhills Old Collegian? Yes  No

Past Staff Member? Yes  No

Current Staff Member? Yes  No

Is the child a sibling of a current student? Yes  No

Is the child a sibling of an Old Collegian? Yes  No

Does a sibling currently attend Little Beacons? Yes  No

If yes, please provide the following details

Old Collegian's Name \_\_\_\_\_

Final Year                  Final Year Level                  House \_\_\_\_\_

Child's Name \_\_\_\_\_

Family Code \_\_\_\_\_

### Parent/Guardian Signatures

In signing this document, parents acknowledge that:

- This is an application for a place at Little Beacons Learning Centre
- The College will contact the family if a place becomes available
- A formal offer of a place will be communicated in writing and will be conditional upon an interview with the Head of Campus - Little Beacons Learning Centre
- Upon acceptance of the place, parent/guardians and children agree to embrace the rules and policies of the Centre

Parent 1 signature \_\_\_\_\_

Parent 2 signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Beaconhills College abides by the Commonwealth Privacy Act 1988 as amended. The College's Privacy and Information management Policy can be viewed on the College website or by telephoning the College on 1300 002 225**

**Payment Methods** (please tick)  EFTPOS  Cheque (payable to Beaconhills College)  Cash  Visa/Mastercard

**Non Refundable Application Fee: \$55.00 per Applicant (includes GST)**

Credit Card No.                      Expiry Date

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Office Use Only

Non-refundable Registration Application Fee

**\$55.00 per applicant (includes GST)**    Date \_\_\_\_\_    Receipt No. \_\_\_\_\_    Amount \_\_\_\_\_