

Enrolment Application 17.1

Student's Name (a separate application is required for each child)

Surname _____ Given Names _____

Mother/Guardian Details

Title *Dr/Mrs/Ms* _____

Full Name _____

Home Address _____

Postcode _____

Mailing Address _____

Postcode _____

Occupation _____

Religious Affiliation _____

Telephone Numbers:

Home _____

Office _____

Mobile _____

Mother's Email _____

Father/Guardian Details

Title *Dr/Mr* _____

Full Name _____

Home Address _____

Postcode _____

Mailing Address _____

Postcode _____

Occupation _____

Religious Affiliation _____

Telephone Numbers:

Home _____

Office _____

Mobile _____

Father's Email _____

Past Staff Member? Yes No

Beaconhills Old Collegian? Yes No

If Yes, please provide the following details

Old Collegian's Name _____

Entry Level _____ Exit Level _____ Exit Year _____ House _____

Is the Student applicant a sibling of an Old Collegian? Yes No

If Yes, please provide the following details

Old Collegian's Name _____

Entry Level _____ Exit Level _____ Exit Year _____ House _____

ADMINISTRATION

30-34 Toomuc Valley Road

Pakenham Victoria 3810

TELEPHONE 1300 002 225

FACSIMILE (03) 5940 1944

EMAIL enquiries@beaconhills.vic.edu.au

WEB www.beaconhills.vic.edu.au

Beaconhills College

IN ASSOCIATION WITH THE ANGLICAN & UNITING CHURCHES



Student's Details

Address _____

Postcode _____

Gender

Male

Female

Date of Birth _____

(a copy of the applicant's birth certificate must be submitted with this application)

Country of Birth _____

Current School Attended _____

Religious Affiliation _____

Preferred Level of Entry (eg. Year 5) _____

Preferred Year of Entry (eg. 2014) _____

Preferred Campus Valley Campus, Pakenham

Headmaster's discretion may determine Campus allocation

Village Campus, Berwick

Either (tick one only)

Student's medical concerns and physical disabilities _____

Special information (ie. special talents, needs, which could assist teaching staff in helping your child) _____

Siblings currently attending Beacons Hills College (please include Enrolment Key [if known] and/or Year Level) _____

Siblings currently on Beacons Hills College application lists _____

Parents are advised to read the College Business Regulations available within *Planning your Journey* available on the website before submitting this application.

Parent/Guardian Signatures

In signing this document, parents acknowledge that:

- This application is a registration of interest in a place at Beacons Hills College
- 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
- Upon acceptance of the place, parents/guardians and students agree to embrace the rules and policies of the College
- They have received and read a copy of the Financial Information and Enrolment Guidelines contained in *Planning your Journey*.

Mother's Signature _____

Father's Signature _____

Date _____

Date _____

Beacons Hills College abides by the Commonwealth Privacy Act 1988 as amended. The College's Privacy and Information Management Policy is outlined in *Planning Your Journey* and can be viewed on the College website or by telephoning College Reception on 1300 002 225.

Office Use Only

Non-Refundable Registration Application Fee

\$66 per Applicant (includes GST)

Date _____

Receipt No. _____

Amount _____

Payment Methods (please tick)

EFTPOS

Cheque

Cash

Visa

Mastercard

Bankcard

Non Refundable Application Fee: \$66.00 per Applicant (includes GST)

Credit Card No.

Expiry Date

Name on Card _____

Signature on Card _____